

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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LENNY MOLINA,

Civil No.: 1:20-cv-10821-GHW

Plaintiff,

**AFFIDAVIT**

-against-

HORNBLOWER GROUP, INC., HORNBLOWER  
NEW YORK, LLC and HORNBLOWER CRUISES  
AND EVENTS, LLC,

Defendants.

----- X

STATE OF NEW JERSEY )  
 )  
 ) SS:  
COUNTY OF BERGEN )

**SCOTT HAUSER**, being duly sworn, hereby affirms, deposes and says:

1. I am over the age of 18 and understand the importance of an oath. The statements made in this affidavit are based upon my personal knowledge.

2. I am currently employed by the defendant, HORNBLOWER NEW YORK, LLC, (hereinafter “Hornblower”), as the Executive Chef for their City Experiences cruises located at 62 Chelsea Piers, Suite 200, New York, New York 10011.

3. I have held the aforesaid title since being hired by Hornblower in August of 2015. As the Executive Chef for Hornblower’s operations at their New York City Pier 15 and 40 locations, I am responsible for overseeing all of the Cooking, Food Preparation, Labor Control, Menu Costing and Gourmet Menus, as well as the management of all Sous Chefs and kitchen staff at these locations in conjunction with Hornblower cruises.

4. City Experiences by Hornblower offers Premier Dinner Cruises, Lunch Cruises, Brunch Cruises, New Year's Eve Cruises and private parties and wedding parties from New York City's Pier 15 and 40.

5. It is my understanding that plaintiff, LENNY MOLINA ("Mr. Molina"), a former Hornblower employee, is alleging in this lawsuit allegations of disability discrimination, retaliation and wrongful termination by Hornblower, under the Americans with Disabilities Act, 42 U.S.C. § 12101, the New York State Human Rights Law, the New York City Human Right Law, and N.Y.C. Admin Code 8-107(1)(a).

6. In mid-March of 2019, I interviewed Mr. Molina for a position as PM Sous Chef for the Cruise Gallery Department for Hornblower's New York City Pier 15 and 40 locations.

7. Following my interview and review of Mr. Molina's resume, as well as my recommendation and the approval of Hornblower's Human Resources Department, Hornblower hired Mr. Molina as a PM Sous Chef for the Cruise Gallery Department for their Pier 15 and 40 locations.

8. Upon his hiring, I immediately began to serve as Mr. Molina's direct supervisor at Hornblower. I trained Mr. Molina regarding to the duties and responsibilities of a PM Sous Chef on Hornblower's vessels.

9. Upon his hiring, Mr. Molina was required to review multiple Hornblower documents, including, but not limited to: a New Hire Package, Job Description (including a "Duties and Responsibilities" and "Competencies" sections), Description Acknowledgement Form and an Acknowledgement of Policies Form, and Hornblower's Crew Handbook. (Annexed collectively as **Exhibit "A"** are the above-mentioned documents that Mr. Molina received from Hornblower which were disclosed in Hornblower's Rule 26 Disclosures).

10. Mr. Molina also underwent a mandatory drug test and background check, which he passed.

11. Mr. Molina's duties as a PM Sous Chef included, but were not limited to: 1) confirming food and drink stocks were sufficient prior to customers' embarking, including menu and production analysis; 2) confirming all food and drink stocks were properly refrigerated, stored and contained; 3) ensuring that all freezers and coolers (Mr. Molina's "pod areas") were properly temperature controlled and locked upon the vessel's docking and closing at 2:00 a.m.; 4) "closing" the pier following a night cruise at 2:00 a.m., including securing and locking all office spaces, kitchen and dock entrances and exits; 5) taking all garbage and recycling off the vessel upon docking and closing at 2:00 a.m.; 6) directing kitchen staff; 7) performing a "walk-through" of the cruise ship and pier to confirm there was no food uncovered or not refrigerated, and that there was no garbage or articles on the walkways; and 8) sending a confirmation e-mail to the supervisory staff, including myself, when the above duties were complete.

12. In light of his poor work performance, on May 15, 2019, Mr. Molina received a "Documenting of Crew Coaching & Counseling Session" Form and Warning (related to a May 11, 2019 "problem") due to his: 1) poor communication; 2) need to "tone down attitude to get respect from staff"; 3) failure to follow-up on menu and production analysis; 4) hostility toward co-workers; 5) "needs to tone it down around staff"; 6) failure to walk-through and follow-up with staff; and 7) need to direct staff better. (Annexed as **Exhibit "B"** is the May 15, 2019 "Documenting of Crew Coaching & Counseling Session" Form and Warning).

13. The May 15, 2019 Form and Warning also notes Mr. Molina needed to discuss a training schedule with me. The Form and Warning noted "continuance of improper conduct may

result in harsher disciplinary action, up to and including suspension and dismissal.” On May 15, 2019, the Form was signed by myself and Mr. Molina. *Id.*

14. Subsequently, due to continuous issues with work performance, on July 5, 2019, Mr. Molina received a “Disciplinary Action Form” (related to a July 4, 2019 and July 5, 2019 incident) from myself and Human Resources. Per the Form, Mr. Molina was again formally written up for “Unsatisfactory Performance” and “Violation of Company Policies/Procedures.” In the description of the violation the Form notes: “employee (Mr. Molina) did not conduct a proper walk through when closing their assigned vessel leaving behind a tray of salad and watermelon.” Per the Form, Mr. Molina was given a warning and that the consequences should an incident occur again would be probation. The Form was signed by myself and Mr. Molina on June 17, 2019, and by a representative from Human Resources (Bryan Miranda) on July 19, 2019. (Annexed as **Exhibit “C”** is the July 5, 2019 “Disciplinary Action Form” which I signed).

15. Thereafter, on February 24, 2020, Mr. Molina received a second “Disciplinary Action Form” (related to a February 7, 2020 and February 16, 2020 wedding party incident) from myself and Human Resources. The type of violation was noted as “Unsatisfactory Performance.” A description of the violation noted that “on 2/7 (Mr. Molina) did not plan accordingly. Salmon was not ready on time. He did not check vessel or work order to make sure items on, no milk. On 2/16 no chocolate, cake or (illegible) - order on manifest – see attached.” Mr. Molina was given a warning, and notified that another incident would result in his suspension. The Form was signed by myself and Mr. Molina on February 24, 2020 and Food & Beverage director Luigi Dioge. (Annexed as **Exhibit “D”** is the February 24, 2020 “Disciplinary Action Form” which I signed).

16. The May 15, 2019 counseling session, and the July 5, 2019 and February 24, 2020 Disciplinary Action Forms were part of Mr. Molina’s ongoing performance issues during his

employment with Hornblower. During his employment with Hornblower as a Sous Chef, Mr. Molina was a subpar worker. For example, Mr. Molina would often: 1) not confirm food and drink stocks were sufficient prior to customers' embarking, and not conduct a proper menu and production analysis; 2) not confirm all food and drink stocks were properly refrigerated, stored and contained; 3) not confirm that all freezers and coolers (Mr. Molina's "pod areas") were properly temperature controlled and locked upon docking and closing at 2:00 a.m.; 4) not perform an adequate "closing" of the pier following a night cruise at 2:00 a.m., including failing to lock all offices spaces, kitchen, and dock entrances; 5) fail to take all garbage and recycling off the vessel upon docking and closing at 2:00 a.m.; 6) inefficiently direct the kitchen staff; 7) not perform an adequate "walk-through" of the cruise ship and pier to confirm there was no food uncovered or not refrigerated, and that there were no garbage or articles on the walkways; and 8) failed to send an confirmation e-mail to the supervisory staff when the above duties were complete.

17. I am aware Mr. Molina was allegedly injured during a Hornblower work shift on March 14, 2020 at 3:30 pm., when he was lifting a Cambro food cart from a van and the Cambro food cart tipped over and fell on his left foot. I did not witness the accident, but I have reviewed the Hornblower Incident Report, signed by Cordell Tillman the Senior Pier Manager on March 14, 2020. (Annexed as **Exhibit "E"** is the March 14, 2020 Incident Report).

18. On March 15, 2020, Mr. Molina sent an email reporting the March 14, 2020 alleged accident from his Hornblower e-mail to a group email, "HNY EVM Reports," which I received and reviewed. (Annexed as **Exhibit "F"** is the March 15, 2020 email).

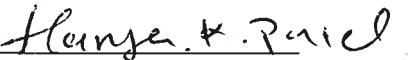
19. Due to the impact of Covid-19, on March 17, 2020, a mere two (2) days later, 82% of Hornblower's salaried crew at Piers 15, 40, and 61 including myself and Mr. Molina, were furloughed.

20. Prior to the March 17, 2020 furlough, I also supervised four (4) other Sous Chefs at Hornblower's Pier 15, 40 and 61 locations, specifically, Sous Chefs Roschan Sealey, Orif Vahobov, Earnie Carrasquillo and Ayana Hogg. Under my supervisor, the four (4) other above Sous Chefs were exemplary employees and did not have any work related issues giving rise to verbal or written warnings, unlike Mr. Molina who had multiple issues with his work performance and received several verbal and written warnings.

21. In sum and based upon the foregoing, I submit that Hornblower's motion for summary judgment and complete dismissal of plaintiff's Complaint should be in all respects granted. I hereby certify that the statements made herein are true and correct.

  
\_\_\_\_\_  
SCOTT HAUSER

Sworn to before me this  
28 day of December, 2021

  
\_\_\_\_\_  
Notary Public

**HANSA K. PATEL**  
**NOTARY PUBLIC OF NEW JERSEY**  
**My Commission Expires 10/9/2023**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

----- X

LENNY MOLINA,

Civil No.: 1:20-cv-10821-GHW

Plaintiff,

-against-

**ATTORNEY CERTIFICATE OF  
CONFORMITY**

HORNBLOWER GROUP, INC., HORNBLOWER  
NEW YORK, LLC and HORNBLOWER CRUISES  
AND EVENTS, LLC,

Defendants.

----- X

STATE OF NEW YORK )  
 )  
 ) SS:  
COUNTY OF WESTCHESTER )

Michael J. Schacher, Esq., being duly sworn, declares, deposes, certifies and says:

1. I am an associate with the law firm Gordon Rees Scully Mansukhani, with offices located at 500 Mamaroneck Avenue, Suite 503, Harrison, New York 10528.
2. I am an attorney duly admitted to practice law before the Courts of the State of New Jersey and The United States District Court for the District of New Jersey.
3. I am qualified to make this certificate of conformity pursuant to Section 299-a of the New York Real Property Law.
4. I am fully acquainted with the laws of the State of New Jersey pertaining to the administration and taking of oaths and affirmations.
5. The oath by Scott Hauser, named in the foregoing instrument, taken before Hansa K. Patel, State of New Jersey notary public, on December 28, 2021, was taken in the manner prescribed by the laws of the State of New Jersey.
6. The oath noted above conforms to the laws of New Jersey, and is in all respects valid and effective in the State of New Jersey.

Harrison, New York  
December 29, 2021



MICHAEL J. SCHACHER, ESQ.

Sworn to before me this  
29 day of December, 2021

J. C. Scott  
\_\_\_\_\_  
Notary Public

JASON C. SCOTT  
Notary Public, State of New York  
No. 02SC6246606  
Qualified in Orange County  
Commission Expires August 15, 2023

# EXHIBIT “A”

GORDON REES SCULLY  
MANSUKHANI, LLP  
Ryan E. Dempsey, Esq. (RD-8201)  
Attorneys for Defendants  
HORNBLOWER GROUP, INC.,  
HORNBLOWER NEW YORK, LLC and  
HORNBLOWER CRUISES AND EVENTS, LLC  
500 Mamaroneck Avenue, Suite 503  
Harrison, New York 10528  
(914) 777-2225

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

----- X  
LENNY MOLINA, : Civil No.: 20-cv-10821(GHW) (OTW)  
: Plaintiff, :  
: :  
: -against- :  
: :  
: HORNBLOWER GROUP, INC., :  
: HORNBLOWER NEW YORK, LLC and :  
: HORNBLOWER CRUISES AND EVENTS, :  
: LLC, :  
: :  
: Defendants.  
----- X

**C O U N S E L O R S:**

Defendants, HORNBLOWER GROUP, INC., HORNBLOWER NEW YORK, LLC and HORNBLOWER CRUISES AND EVENTS, LLC (hereinafter "Hornblower" or "responding defendants"), by and through their attorneys, GORDON REES SCULLY MANSUKHANI, LLP, submit, upon information and belief, the following disclosure pursuant to Rule 26 of the Federal Rules of Civil Procedure.

**A. The name and, if known, the address and telephone number of each individual likely to have discoverable information that disclosing party may use to support its claims or defenses.**

Plaintiff;

Nilda Bracero, Hornblower;  
Christine Metivier, Hornblower;  
Mark Steiner, Hornblower;  
Elizabeth Tornatore, Hornblower;  
Rebecca Rose, Hornblower;  
Darin Altilio, Hornblower;  
Scott Hauser, Hornblower;  
Cordell Tillman, Hornblower;  
Bryan Miranda, Hornblower.

Responding defendants reserve their right to supplement, amend and/or correct the foregoing disclosure based on the development of additional facts or information obtained through discovery and responding defendants' continuing investigation.

**B. A copy of, or a description by category and location of, all documents, data compilation, and tangible things that are in possession, custody or control of the disclosing party and that the disclosing party may use to support its claims or defenses:**

- Annexed hereto as **Exhibit “A”** please find plaintiff's personnel file;
- Annexed hereto as **Exhibit “B”** please find Hornblower's furlough notification and e-mail to plaintiff, dated and effective March 17, 2020;
- Annexed hereto as **Exhibit “C”** please find Hornblower's separation letter to plaintiff, dated May 18, 2020;
- Annexed hereto as **Exhibit “D”** please find Hornblower's incident report, dated March 14, 2020;
- Annexed hereto as **Exhibit “E”** please find e-mail communications between plaintiff and Hornblower, dated March 15, 2020, regarding plaintiff's alleged injury;
- Annexed hereto collectively as **Exhibit “F”** please find Hornblower's disciplinary action forms regarding plaintiff, dated July 5, 2019 and February 24, 2020;
- Annexed hereto as **Exhibit “G”** please find plaintiff's payroll statement, dated May 22, 2020;
- Annexed hereto as **Exhibit “H”** please find plaintiff personalized benefit details, dated May 22, 2020;

- Annexed hereto as **Exhibit “I”** please find plaintiff’s furlough deduction agreement;
- Annexed hereto as **Exhibit “J”** please find plaintiff’s unemployed insurance form.

Responding defendants reserve their right to supplement, amend and/or correct the foregoing disclosure based on the development of additional facts or information obtained through discovery and responding defendants’ continuing investigation.

**C. A computation of any category of damages claimed by disclosing party.**

Not applicable to responding defendants.

**D. Any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment.**

Responding defendants have sufficient insurance coverage in the amount of \$7,500,000, with a \$250,000 retention. Coverage was issued by Everest National Insurance Company. The policy number is PCIP000145-201 and is effective from April 27, 2020 to April 27, 2021.

The above automatic disclosure is made prior to the completion of discovery and responding defendants’ investigation of the facts pertaining to this action. Accordingly, responding defendants reserve the right to supplement, amend and/or correct each of the foregoing disclosures based on the development of additional facts or information obtained through discovery and responding defendants’ continuing investigation.

Dated: July 9, 2021

Respectfully Submitted,

GORDON REES SCULLY  
MANSUKHANI, LLP

By:

Ryan E. Dempsey (RD-8201)  
Attorneys for Defendants  
HORNBLOWER GROUP, INC., HORNBLOWER  
NEW YORK, LLC and HORNBLOWER  
CRUISES AND EVENTS, LLC

500 Mamaroneck Ave Suite 503  
Harrison, NY 10528  
T: (914) 777-2209  
File No.: EVR-1224573

TO: Jonathan Shalom, Esq.  
SHALOM LAW PLLC  
Attorneys for Plaintiff  
105-13 Metropolitan Avenue  
Forest Hills, New York 11375  
T: (718) 971-9474

**AFFIDAVIT OF SERVICE BY MAIL**

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF WESTCHESTER )

BRITTANY BLOUNT, being duly sworn, deposes and says:

I am not a party to the action, am over the age of 18 years of age, and am employed in Westchester County, New York.

On July 9, 2021, I served the within **DEFENDANTS' AUTOMATIC DISCLOSURE PURSUANT TO RULE 26 OF THE FEDERAL RULES OF CIVIL PROCEDURE** by depositing a true copy thereof enclosed in a postpaid wrapper, in an official depository under the exclusive care and custody of the U.S. Postal Service within New York State, addressed to each of the following persons at the last known address set forth after each name:

TO: Jonathan Shalom, Esq.  
SHALOM LAW PLLC  
Attorneys for Plaintiff  
105-13 Metropolitan Avenue  
Forest Hills, New York 11375  
T: (718) 971-9474

Brittany Blount  
Brittany Blount

Sworn to before me this  
9<sup>th</sup> day of July, 2021

Notary Public

AMY J. CURLEY  
Notary Public, State of New York  
No. 02CU5210819  
Qualified in Westchester County  
Commission Expires October 20, 2021

# EXHIBIT A

Hornblower Yachts, LLC

NEW HIRE PACKAGE

## Hornblower New York, LLC

(Hornblower Cruises & Events)

### REQUIRED DOCUMENTATION

*New Hire Employment Information Must be faxed to Crew Resources  
the same day or within 48 hours of when an employee is hire.*

- \_\_\_\_\_ New Hire Employment Information
- \_\_\_\_\_ Emergency Information
- \_\_\_\_\_ Equal Employment Opportunity Data & Blank Page
- \_\_\_\_\_ Drug Screening Notice & Drug Screening Notice
- \_\_\_\_\_ Meal Period Waiver / On Duty Meal Period Agreement
- \_\_\_\_\_ Post-Offer Invitation to Self-Identity – 2 pgs
- \_\_\_\_\_ Employment Application Addendum – 2 pgs
- \_\_\_\_\_ Page Left Blank
- \_\_\_\_\_ Electronic Monitored Telephone Calls
- \_\_\_\_\_ Acknowledgement of Policies – 2 pgs
- \_\_\_\_\_ Job Description Acknowledgement
- \_\_\_\_\_ Notice & Acknowledgement of Pay Rate & Payday
- \_\_\_\_\_ W-4 Form – 2 pgs
- \_\_\_\_\_ NY State & City Withholding Form IT 2104 – 2pgs
- \_\_\_\_\_ I-9 Form – 4 pgs
- \_\_\_\_\_ WOTC Page
- \_\_\_\_\_ Cali Labor & Workers Compensation – 2pgs
- \_\_\_\_\_ Medical Release Form
- \_\_\_\_\_ NYC Commuter Benefit offer to employee
- \_\_\_\_\_ Background Check Screener

\*\*\* Please turn in copies of these documents if applicable...

- I-9 Acceptable Documents Identification Photocopies
- TWIC
- MMC
- Captain's License and Certifications
- Food Handler's Certification
- Online Application
- Offer Letter
- Incentive Program (Commissions)
- Drug Test COC (Receipt)
- Drug Test COC (Results)
- Background check (submitted)
- Background (Results)

Don't forget to email a .jpg Photo for an I.D. Badge

WA ✓  
W2W ✓  
EV ✓  
OP ✓



**Hornblower New York  
On-Boarding Cover Sheet**

- Confirm Background & Drug Test results are in folder
- E-Verify- Write e-verify number on I-9
- Add to Payroll System
- Add to W2W & Send Welcome message to employee / Email Manager / Schedule Q2 Session /Add to Sterling / Add to PSW
- I9 is pulled and filed in Binder- Add Start and sign back
- Self ID is pulled and filed in Binder
- EEO Code is pulled and filed in Binder
- Re-check Payroll System
- Scan & upload New Hire Packet to Shared Drive for HR Corp
- Update Tracker
- Check WebApps / Ulti Pro
- File Personnel Folder

\* HR rep to initial upon completion of step



### New Hire Employment Information

#### Personal Information (Please Print)

New Hire [ ] Rehire [ ]

Crew Number 4464Mr. /Mrs. /Ms. First Lenny Last Molina Middle Init. JStreet Address 6 Terrace AveCity Jersey City State New Jersey Zip Code 07307SS#: 49-74-1364 Birth Date: 05/12/1980Hire Date: 3/27/2019

Phone Number: (\_\_\_\_\_) \_\_\_\_-\_\_\_\_\_ Cell Phone: (201) 780-8197

Sex:  Male /  Female Email address: LennyMolina@aol.com

#### Job Information

Department Name: Galley Department Number: \_\_\_\_\_

#### *Payroll Use only:*

Main Location (Circle One): CORP-00 / SF-02 / BKY-04 / MDR-08  
NB-12 / SD-14 / BELLE-30 / SAC-60/NY-70

EeT Login: \_\_\_\_\_

Labor Acct: \_\_\_\_\_ 0

Field 1: \_\_\_\_\_ 1P

Field 3: \_\_\_\_\_ - \_\_\_\_\_

Status: Full-Time  Hourly \_\_\_\_\_ Temp. Position \_\_\_\_\_  
Part-Time \_\_\_\_\_ Salaried  Internship \_\_\_\_\_Main Position #1 PM Sous Chef Code \_\_\_\_\_ Rate \$ 65 per hr Tier \_\_\_\_\_

#2 \_\_\_\_\_ Code \_\_\_\_\_ Rate \$ \_\_\_\_\_ Tier \_\_\_\_\_

#3 \_\_\_\_\_ Code \_\_\_\_\_ Rate \$ \_\_\_\_\_ Tier \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Quarter Master Name: \_\_\_\_\_ Date: \_\_\_\_\_ Payroll: \_\_\_\_\_

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**EMERGENCY INFORMATION**

Crew Member's Name: Lenny Molina

Date: 03/14/2019

In case of emergency, please notify:

Name: Sally Morales

Relationship: Aunt

Telephone Numbers: 201-407 3739

Address: 67 Penale Ave  
Jersey City NJ 07307

**AND/OR**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Address: \_\_\_\_\_

Crew Member's Signature: \_\_\_\_\_

A handwritten signature in black ink, appearing to read 'Lenny Molina', written over a horizontal line.



Policy Update: Drug Testing

Date Issued: January 17, 2018

To: All Hornblower Crew in Safety Sensitive Positions

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Effective January 1, 2018, the U.S. Department of Transportation (DOT) drug testing program now requires testing for four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, and oxymorphone).

**What are the drugs now tested for in pre-employment, random, post incident and reasonable cause?**

Now, in addition to the current DOT drug testing panel (that includes marijuana, cocaine, amphetamines (including methamphetamine, MDMA), phencyclidine (PCP), and opiates (including codeine, heroin, morphine)), you will also be tested for four semi-synthetic opioids (i.e. hydrocodone, oxycodone, hydromorphone, oxymorphone). Some common names for these semi-synthetic opioids include Oxycodone, Percodan, Percocet, Vicodin, Lortab, Norco, Dilaudid, Exalgo.

**What does it mean for testing?**

If you test positive for any of the semi-synthetic opioid drugs, then as with any other drug test result that is confirmed by the laboratory, the Medical Review Officer (MRO) will conduct and interview with you to determine if there is a legitimate medical explanation for the result. If you have a valid prescription, you should provide it to the MRO, who will determine if the prescription is valid. If a legitimate medical explanation is established, the MRO will report the result to Hornblower as a 'negative'. If not, the MRO will report the result to Hornblower as 'positive'.

**What does a positive report mean?**

As has been the requirement in the past, when Hornblower receives a positive drug test result, we will immediately remove you from performing safety-sensitive functions, terminate your employment, and provide you with a list of qualified Substance Abuse Professionals (SAP) available in your area. In order to return to performing safety-sensitive functions for any DOT-regulated employer (not just Hornblower), you must complete return-to-work-duty process that will include an evaluation by a SAP, who will require education and/or treatment. The SAP will determine if you successfully completed the prescribed education and/or treatment. Before you return to working for Hornblower in a safety-sensitive position, Hornblower must receive a negative test result on a directly observed return-to-duty drug test. After you return to safety-sensitive work, you must be subject to directly observed follow-up testing for 12-60 months depending on the SAP's recommendations.

**What if you are on prescribed medications?**



Hornblower's policy does not require you to report your prescribed medications. However, you must report your prescribed medications to any agency approving medical qualifications for your position.

Consider this to be a reminder to have a conversation with your prescribing physician to discuss your safety-sensitive work. Be proactive in ensuring that your prescribing physician knows what type of transportation-related safety-sensitive work you perform. For example, don't just provide a job title, but describe your job functions. You may also ask us for a job description you can provide to your prescribing physician. This is important information for your prescribing physician to consider when deciding whether and what medication to prescribe for you. **It is important to know whether your medications could impact your ability to safely perform your work and your safety-sensitive duties and responsibilities.**

#### What does the MRO do with my results?

Historically, the DOT's regulation required the MRO to report your medication use/medical information to a third party (e.g. your employer, health care provider, etc.), if the MRO determines in his/her reasonable medical judgement that you may be medically unqualified according to DOT Agency regulations, or if your continued performance is likely to pose a significant safety risk. The MRO may report this information even if the MRO verifies your drug test result as negative.

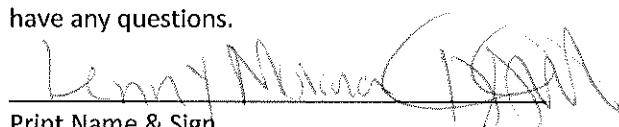
As of January 1, 2018, prior to the MRO reporting your information to a third party you will have up to five days to have your prescribing physician contact the MRO. You are responsible for facilitating the contact between the MRO and your prescribing physician. Your prescribing physician should be willing to state to the MRO that you can safely perform your safety-sensitive functions while taking the medication.

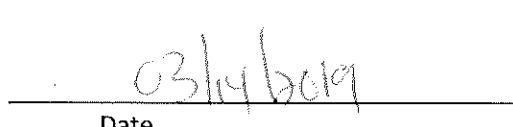
#### Is more information available?

The DOT Office of Drug & Alcohol Policy & Compliance publishes a booklet "What Employees Need to Know About DOT Drug & Alcohol Testing". This booklet is attached, and is available from Human Resources. Note it was issued in 2014, and the drug testing panel in this document supersedes what is described in the DOT booklet.

- SAMHSA National Hotline: 1-800-622-HELP(4357); SAMHSA is a confidential, free, 24/7 information service in English and Spanish for individuals facing mental health and/or substance abuse issues.
- Hornblower Employer Assistance Plan: 1-800-854-1446; The UNUM EAP is a 24/7 confidential assistance service.

I have received the update to the Drug Testing Policy and understand I can ask Human Resources if I have any questions.

  
 Print Name & Sign

  
 Date



## DRUG SCREENING IS REQUIRED FOR ALL ON-BOARD POSITIONS

Hornblower Cruises and Events has a vital interest in maintaining a safe, healthful and efficient environment for its crew and guests. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks not only to the user but to the public, our guests and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

To meet this compelling Company and public interest, all crew members holding on-board positions are subject to pre-employment and reasonable cause drug testing. In addition, in compliance with U. S. Coast Guard regulations, on-board crew members working as Captains, First Officers, Bartenders, Maitre d's and, in some cases Stewards, must submit to periodic, random and post marine incident alcohol and drug testing. Although Coast Guard regulations apply to these and other "safety-sensitive" positions, it is important that all crew members read this notice as the policy also applies to promotions and/or transfers.

By signing this notice, the crew member understands and agrees to submit to drug and alcohol screening during the course of employment as provided for in the Company's Drug and Alcohol Policy contained in the Crew Handbook. The crew member further understands and agrees to release the Company and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands, damages and causes of action of every kind and nature arising out of, or resulting from, or in connection with drug and alcohol testing, and any decision concerning employment made by the Company, in whole or in part, based upon the results of drug and alcohol testing.

**Any crew member who refuses or declines to undergo drug and/or alcohol testing as required by Company policy and/or U. S. Coast Guard regulations will be subject to disciplinary action, up to and including termination.**

**Any crew member whose drug or alcohol test indicates a positive level of prohibited drugs or alcohol will be subject to disciplinary action, up to and including termination.**

*Crew Member's Signature*

A handwritten signature in black ink, appearing to read 'Lenny Molina'.

Date

*03/14/2019*

Print Name

*Lenny Molina*



## Hornblower New York

### MEAL PERIOD WAIVER FOR EMPLOYEES WORKING SHIFTS IN EXCESS OF SIX HOURS

This will certify that I sometimes work a shift in excess of six (6) hours and wish to waive the meal period I would otherwise be entitled to receive under New York law. In accordance with the requirements of New York law, I hereby voluntarily agree to waive the meal period. I understand that, as a result of this waiver, I will not receive a meal period during only those days when I work a shift in excess of the six (6) hours listed above, and will be paid for all working time. I also understand that I or Hornblower Cruises & Events may revoke this "Meal Period Waiver" at any time by providing at least one day's advance notice in writing of the decision to do so. This waiver will remain in effect until I exercise, or Hornblower Cruises & Events exercises, the option to revoke it.

Int. 

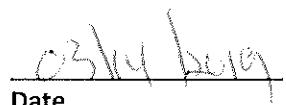
### ON-DUTY MEAL PERIOD AGREEMENT

This will certify that the nature of my work and/or the "one employee shift" (only one crew is on duty) prevents me from being relieved of all job duties during the meal period which I am entitled to receive under New York law. In accordance with the requirements of New York law, I hereby voluntarily agree to an on-duty meal period. I understand that, as a result of this agreement, I will not be relieved of all my job duties during my meal break but will be paid at my regular rate of pay for my meal break and will be allowed to eat my meal while remaining on duty. I also understand that I or Hornblower Cruises & Events may revoke this "On-Duty Meal Period Agreement" at any time by providing notice in writing of the decision to do so. This agreement will remain in effect until I exercise, or Hornblower Cruises & Events exercises, the option to revoke it.

Int. 

I acknowledge that I have read this agreement, understand it, and voluntarily agree to its provisions.

  
Signature of Employee

  
Date



## Employment Application Addendum

NOTE: If you are applying for one of the following positions, the below listed questions (as required by the U.S. Coast Guard) must be answered and returned with your application:

Director of Marine Operations  
Port Captain  
Captain  
First Officer  
Any Licensed Marine Position

F&B Manager/Director  
Event Manager  
Steward  
Bartender  
Galley

**Re: Safety Sensitive Positions**  
**Drug and/or Alcohol Testing**

1. In the preceding two years, have you held any type of Department of Transportation (DOT)-related position (i.e. maritime, trucking, aviation, railroad, etc.) with any company or been self-employed, in which you were required to submit to any type of drug or alcohol testing under DOT regulations?

Yes

How many DOT-regulated Companies? \_\_\_\_\_  
Please list the names of the companies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

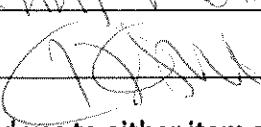
No

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position covered by DOT agency drug and alcohol testing rules during the past two years?

Yes

No

Name: Lenny Molina

Signature:  Date: 05/14/2019

(If you answered yes to either item above, please fill out sections I and I-A on the next page)



## Drug & Alcohol Check Form

### Section I. (To be completed and signed by the prospective employee)

Employee Name (please print): Lenny Melvin

Employee Social Security or ID Number: 149-74-1364

I hereby authorize release of information from my DOT regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 391.23. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations
5. Information obtained from previous employers of a drug and alcohol rule violation
6. Documentation, if any, of completion of the return-to-duty process following a rule violation

### I-A. (To be completed and signed by the prospective employee)

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

Employee Signature: Lenny Melvin Date: 03/14/2019

### I-B.

New Employer: Hornblower Yachts, LLC  
 Pier 3 Hornblower Landing  
 San Francisco, CA 94111  
 Phone# (415) 983-8274 Fax #: (415) 426-3799

Designated Employer Representative: \_\_\_\_\_

### Section II.

#### To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the three years prior to the date of the employee's signature (in Section I), for a DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.4 or higher?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Did the employee have verified positive drug tests?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Did the employee refuse to be tested?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Did the employee have other violations of DOT agency drug/alcohol testing regulations?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Did the previous employer report a drug and alcohol rule violation to you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	YES <input type="checkbox"/> NO <input type="checkbox"/>

*Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

Title: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_



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### Monitored Telephone Calls

This letter is to notify you that Hornblower Cruises & Events has hired an outside company to assist us in monitoring and tracking our sales & marketing programs. One of the services that they provide is the monitoring of inbound sales calls. Please be aware that your telephone conversations may be recorded for training and customer service purposes. As stated in the current Crew Handbook, HCE crew should realize that there is no expectation of privacy regarding use of technology in the workplace. HCE reserves the right to monitor the use of any company supplied technology including telephone calls, voice mail and e-mail to ensure compliance with its rules without notice to the crew member.

I hereby acknowledge and agree that calls at my place of work may be recorded. I understand that my employers and those given access by my employers may review the recorded calls.

A handwritten signature in black ink, appearing to read 'Lenny Melina', is written over a horizontal line.

Signature

A handwritten signature in black ink, appearing to read 'Lenny Melina 03/14/2019', is written over a horizontal line.

Print Name

Date

03/14/2019



### ACKNOWLEDGEMENT OF POLICIES

Name: Lenny Melina  
 Location: Pier 40

Position: PM. Sovi Clerk  
 Date: 03/14/2019

Please read carefully, initial each paragraph and sign and date below.

#### Personal Verification

 I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

#### References

 I hereby authorize HCE to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to HCE any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release HCE, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or arising out of or in any way related to such investigation or disclosure.

#### Binding Arbitration

 I hereby agree to submit to binding arbitration, all disputes and claims arising out of the submission of this application following the rules for such arbitration as detailed in HCE policies. I further agree, in the event that I am hired by HCE, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with HCE, whether during or after that employment, will be submitted to binding arbitration following the rules for such arbitration as detailed in HCE policies and I hereby waive my statutory rights to a jury trial under any state and federal laws. I also agree that the venue for any arbitration proceedings will be in San Francisco and that the prevailing party in any dispute between me and HCE will be able to recover reasonable attorney fees and costs. This application contains the entire agreement between the parties with regard to dispute resolution and there are no other agreements as to dispute resolution, either oral or written.



#### Alcohol and Drug Policy

W I understand that HCE has an Alcohol and Drug Policy that I agree to abide by. I further agree to pre-employment drug testing, periodic drug testing, random drug testing, serious marine incident drug testing and reasonable cause drug testing if required for the position I am employed in at HCE.

#### At-Will Employment

W I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between me and HCE. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without cause, at the option of either myself or HCE and that no promises or representations contrary to the foregoing are binding on HCE unless made in writing and signed by me and an Officer of HCE.

#### Confidentiality and Non-Disclosure

W I agree that all information about HCE relating to its business or strategy, including but not limited to guest and customer lists, personnel information sales information and manuals is confidential and I agree to never disclose such information both during and after my employment at HCE. I agree not to disclose any confidential information to other HCE crewmembers unless that crewmember has a need to know the information to perform his/her job. In addition, I agree not to remove or copy any HCE papers and records without the written permission of my supervisor.

#### Photo Release

W I give my unconditional permission, if employed by HCE, for HCE to use any photos or videos of me without additional compensation during and following my employment.

#### Authorize Errors and Final Deductions

W I authorize HCE to deduct from my paycheck any payments made in error and to deduct from my final paycheck the cost of any HCE property (including but not limited to clothing, office equipment and supplies), which I do not return at the end of my employment.

#### Policy Changes

W I am aware that HCE may change its policies at any time and that I will be bound to follow any changes in policies while I am employed by HCE.

#### Availability of Information

W I acknowledge that I have sufficient understanding of the English language to understand this document. I acknowledge that I had sufficient opportunity to ask for any information about the paragraphs on this page and I agree with them. I understand that I may consult legal counsel before signing this document.

Applicant's Signature

Date

03/04/2021



### Job Description Acknowledgement

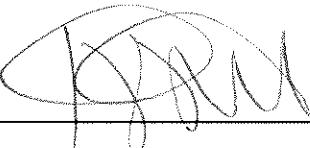
I have received the following job description(s) and have reviewed them with my supervisor.

1. Primary Position: P.M. Sous Chef

2. Secondary Position: \_\_\_\_\_

3. Secondary Position: \_\_\_\_\_

I know that if I have any questions or concerns regarding my job description, I can always discuss them with my supervisor. If I need any reasonable special accommodations due to a disability or need covered under the Americans with Disabilities Act, I need to make my supervisor aware of the accommodation.

Signature: 

Name: Lenny Monroe Date: 03/14/2019

Position: \_\_\_\_\_

Port: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_



**Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Exempt Employees**

<b>1. Employer Information</b>	
Name:	Hornblower New York, LLC
Doing Business As (DBA) Name(s):	Hornblower New York, LLC
FEIN (optional):	
Physical Address:	353 West Street, Pier 40 New York, New York 10014
Phone:	646-576-8400

**3. Employee's pay rate(s): State if pay is based on an hourly, salary, day rate, piece rate, or other basis.**

Employers may not pay a non-hourly rate to a non-exempt employee in the Hospitality industry, except for commissioned salespeople.

**4. Allowances taken:**

None

Tips \_\_\_\_\_ per hour

Meals \_\_\_\_\_ per meal

Lodging \_\_\_\_\_

Other \_\_\_\_\_

**5. Regular payday: Every Friday**

**6. Pay is:**

Weekly

Bi-weekly

Other: \_\_\_\_\_

**7. Overtime Pay Rate:**

Most workers in NY S must receive at least 1½ times their regular rate of pay for all hours worked over 40 in a workweek, with few exceptions. A limited number of employees must only be paid overtime at 1½ times the minimum wage rate, or not at all.

This employee is exempt from overtime under the following exemption (optional):

**8. Employee Acknowledgement:**

On this day, I received notice of my pay rate, overtime rate (if eligible), allowances, and designated payday. I told my employer what my primary language is.

I have been given this pay notice in English because it is my primary language.

My primary language is \_\_\_\_\_. I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.

Print Employee Name

Employee Signature

Date

Preparer Name and Title

The employee must receive a signed copy of this form. The employer must keep the original for 6 years.

Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.



## Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

### General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Fillers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

### Specific Instructions

#### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>W-4</b> Form Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ► Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074
1 Your first name and middle initial Lenny J.		Last name Molina		2 Your social security number 149-74-1364
Home address (number and street or rural route) 6 Teakle Ave		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code Jersey City NJ 07304		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .		6 Additional amount, if any, you want withheld from each paycheck . . . . .		5 <input type="checkbox"/> 6 <input type="checkbox"/>
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.		8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) Hornblower Cruises & Events, LLC		
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. ► <input type="checkbox"/> 7		9 First date of employment 10 Employer identification number (EIN)		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. <b>Employee's signature</b> (This form is not valid unless you sign it.) ►		Date ► 03/14/2019		
For Privacy Act and Paperwork Reduction Act Notice, see page 4.		Cat. No. 10220O		Form W-4 (2019)



Income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

#### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

#### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

#### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).



Personal Allowances Worksheet (Keep for your records.)	
A Enter "1" for yourself . . . . .	A _____
B Enter "1" if you will file as married filing jointly . . . . .	B _____
C Enter "1" if you will file as head of household . . . . .	C _____
D Enter "1" if: { • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	D _____
E Child tax credit. See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .	E _____
F Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .	F _____
G Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .	G _____
H Add lines A through G and enter the total here . . . . .	H ► _____
<p>For accuracy, complete all worksheets that apply.</p> <p>{ If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.        • If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.        • If neither of the above situations applies, stop here and enter the number from line H on line 6 of Form W-4 above.</p>	
Deductions, Adjustments, and Additional Income Worksheet	
<p><b>Note:</b> Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.</p> <ol style="list-style-type: none"> <li>Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .</li> <li>Enter: { \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately . . . . .</li> <li>Subtract line 2 from line 1. If zero or less, enter "-0-".</li> <li>Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .</li> <li>Add lines 3 and 4 and enter the total . . . . .</li> <li>Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .</li> <li>Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .</li> <li>Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .</li> <li>Enter the number from the Personal Allowances Worksheet, line H, above . . . . .</li> <li>Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 6, page 1 . . . . .</li> </ol>	
1	\$ _____
2	\$ _____
3	\$ _____
4	\$ _____
5	\$ _____
6	\$ _____
7	\$ _____
8	\$ _____
9	\$ _____
10	\$ _____



### Two-Earners/Multiple Jobs Worksheet

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not use the rest of this worksheet.** . . . . . 3 \_\_\_\_\_

**Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 Subtract line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 320,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	320,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating

to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



NJ Resident



Department of Taxation and Finance

**Employee's Withholding Allowance Certificate**

New York State • New York City • Yonkers

**IT-2104**

First name and middle initial <i>Levyn J.</i>	Last name <i>Molina</i>	Your social security number <i>149-74-3644</i>
Permanent home address (number and street or rural route) <i>60 Teaneck Ave</i>	Apartment number <i></i>	Single or Head of household <input checked="" type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office <i>Jersey City</i>	State <i>NJ</i>	ZIP code <i>07307</i>
Note: If married but legally separated, mark an X in the Single or Head of household box.		
Are you a resident of New York City? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Complete the worksheet on page 3 before making any entries.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) .....		<b>1</b>
2 Total number of allowances for New York City (from line 35) .....		<b>2</b>
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.		
3 New York State amount .....	<b>3</b>	<input type="checkbox"/>
4 New York City amount .....	<b>4</b>	<input type="checkbox"/>
5 Yonkers amount .....	<b>5</b>	<input type="checkbox"/>

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature *[Signature]*

Date

*03/14/2019*

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ..... A B Employee is a new hire or a rehire ... B  First date employee performed services for pay (mm-dd-yyyy) (see instr.): Are dependent health insurance benefits available for this employee? ..... Yes  No If Yes, enter the date the employee qualifies (mm-dd-yyyy): 

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
<i>Levyn J. Molina</i>	<i>1234567890</i>

**Instructions****Changes effective for 2019**

Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2019 Form IT-2104 and give it to your employer.

**Who should file this form**

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.



Page 2 of 7 IT-2104 (2019)

- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

#### Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you must file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, and you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,100.

#### Withholding allowances

You may not claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 5 of the worksheet on page 3. If you want more tax withheld, you may claim fewer allowances. If you claim more than 14 allowances, your employer must send a copy of your Form IT-2104 to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, enter 0 and see *Additional dollar amount(s)* below.

**Income from sources other than wages** – If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowance* above. You may also consider making estimated tax payments, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

**Other credits (Worksheet line 14)** – If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 14.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$215,400	Less than \$269,300	Less than \$323,200	66
Between \$215,400 and \$1,077,650	Between \$269,300 and \$1,616,450	Between \$323,200 and \$2,155,350	68
Over \$1,077,650	Over \$1,616,450	Over \$2,155,350	68

**Example:** You are married and expect your New York adjusted gross income to be less than \$323,200. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 68.  $160/68 = 2.4242$ . The additional withholding allowance(s) would be 2. Enter 2 on line 14.

**Married couples with both spouses working** – If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. Do not claim more total allowances than you are entitled to. If your combined wages are:

- less than \$107,650, you should each mark an X in the box *Married, but withhold at higher single rate* on the certificate front, and divide the

total number of allowances that you compute on line 20 and line 35 (if applicable) between you and your working spouse.

- \$107,650 or more, use the chart(s) in Part 6 and enter the additional withholding dollar amount on line 3.

**Taxpayers with more than one job** – If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$107,650, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$107,650 and \$2,283,285, use the chart(s) in Part 7 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$107,650 or more, use the chart(s) in Part 8 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job* for *Higher earner's wages* within the chart).

**Dependents** – If you are a dependent of another taxpayer and expect your income to exceed \$3,100, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,600. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

**Heads of households with only one job** – If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 15.

#### Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 16.76% (.1676) of the New York State amount for additional withholding for Yonkers on line 5.

**Note:** If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 6 or Part 7, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

#### Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

#### Employers

**Box A** – If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an X in box A and send a copy of Form IT-2104 to: NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227-0865. If the employee is also a new hire or rehire, see **Box B** instructions. See Publication 65, *Designated Private Delivery Services*, if not using U.S. Mail.

Please note: NYS Employee Withholding Allowance Certificate 7 page forms are located in the HR Office.



## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-651)</p> <p>3. Foreign passport that contains a temporary I-651 stamp or temporary I-651 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-768)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <ul style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:           <ul style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ul> </li> </ul> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>		<p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>		<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <ul style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul> <p>2. Certification of Birth Abroad issued by the Department of State (Form DS-645)</p> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1360)</p> <p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-170)</p> <p>8. Employment authorization document issued by the Department of Homeland Security</p>

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



## Employee Instruction Form

**Location ID #:**

**HR Code:**

**Location Name:** Hornblower, Inc - New York

**HR Name:** Seville, Travis

**Entity Name:** Hornblower, Inc

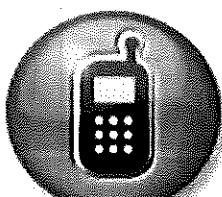
**Business Name:** Hornblower Inc.

This employer partners with Corporate Tax Incentives (CTI), a business incentives firm, to participate in the WOTC Program, a government initiative designed to increase employment opportunity for people who have certain barriers to employment.

The following information is to be used solely for the company's application for credits for job creation. The information is kept confidential and will not affect your job, wages or personal taxes in any way.

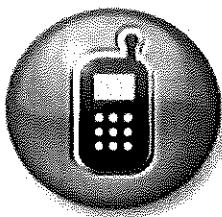
Your involvement in this interview is an integral part of your employer's participation in these programs and the continued success of its business.

**Before the Call:**



1. Please have a pen ready.
2. Call toll-free 1-(888) 721-0370.
3. You will be prompted to provide some basic information during the brief survey, which should only take about 5 minutes.

**After the Call**



1. Fill out your confirmation number below.
2. Give this form to your hiring manager.

**Thank you for your participation!**

**First Name:**

**Last Name:**

**Your Confirmation Number is:**

**If you have any questions about this process, please call  
CTI: (916) 520-7698 or email us: [survey@ctile.com](mailto:survey@ctile.com)**

*Si prefiere hablar con alguien en español, tendrá la opción cuando inicie la llamada.*



X

**NOTICE TO EMPLOYEE  
EMPLOYEE  
*Labor Code section 2810.5***

Employee Name: \_\_\_\_\_

Start Date (Date of Hire): \_\_\_\_\_

**EMPLOYER**

Legal Name of Hiring Employer: Hornblower Yachts, LLC.

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  Yes  No

Other Names Hiring Employer is "doing business as" (if applicable):

Hornblower Cruises & Events, New York

Physical Address of Hiring Employer's Main Office:

Corporate Office – Pier 3, Hornblower Landing, San Francisco, CA 94111

Hiring Employer's Mailing Address (if different than above):

Corporate Office - Pier 3, Hornblower Landing, San Francisco, CA 94111

Hiring Employer's Telephone Number: 415-983-8274

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**WAGE INFORMATION**

Rate(s) of Pay by Position Code: \_\_\_\_\_ \$ \_\_\_\_\_  Hour  Salary

Rate(s) of Pay by Position Code: \_\_\_\_\_ \$ \_\_\_\_\_  Hour  Salary

Rate(s) of Pay by Position Code: \_\_\_\_\_ \$ \_\_\_\_\_  Hour  Salary

Rate(s) of Pay by Position Code: \_\_\_\_\_ \$ \_\_\_\_\_  Hour  Salary

Rate(s) of Pay by Position Code: \_\_\_\_\_ \$ \_\_\_\_\_  Hour  Salary

Rate(s) of Pay by Position Code: \_\_\_\_\_ \$ \_\_\_\_\_  Hour  Salary



Other:  Individual / Team Commissions – attach a signed incentive/commission plan  
 Bonuses – (ie; \$100 Crew Referral Bonuses, Team Contest Bonuses- subject to rules)

Overtime Rate(s) of Pay: For non-exempt hourly crew, regular rate of pay varies each semi-monthly pay period as the hours, commissions and bonuses varies with the use of multiple rates. A minimum of 1.5x the rate over 40 hours worked in a workweek, subject to upward adjustment, will apply.

Does a written agreement exist providing the rate(s) of pay? (check box)  Yes  No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  Yes  No  
 Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: 1<sup>st</sup> and 15<sup>th</sup> of each month or earlier business day

#### WORKERS' COMPENSATION

Insurance Carrier's Name: Seabright  
 Address: 1100 West Town and Country Suite 1500, Orange, CA 92068  
 Telephone Number: 800-597-2755  
 Policy No.: BB1124034  
 Insurance Carrier's Name: Navigator Management Co., Inc. – Marine division  
 Address: 433 California Street, Suite 300  
 Telephone Number: 415-399-9109  
 Policy No.: SF12CFT00504903  
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

#### ACKNOWLEDGMENT OF RECEIPT

(PRINT NAME of Employer representative)

Lenny Malone  
 (PRINT NAME of Employee)

(SIGNATURE of Employer representative)

[Signature]  
 (SIGNATURE of Employee)

(Date)

03/04/19  
 (Date)

The employee's signature on this notice merely constitutes acknowledgment of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.



Date Issued: January 17, 2018

To: All Hornblower Crew in Safety Sensitive Positions

Effective January 1, 2018, the U.S. Department of Transportation (DOT) drug testing program now requires testing for four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxycodone).

**What are the drugs now tested for in pre-employment, random, post incident and reasonable cause?**

Now, in addition to the current DOT drug testing panel (that includes marijuana, cocaine, amphetamines (including methamphetamine, MDMA), phencyclidine (PCP), and opiates (including codeine, heroin, morphine)), you will also be tested for four semi-synthetic opioids (i.e. hydrocodone, oxycodone, hydromorphone, oxymorphone). Some common names for these semi-synthetic opioids include Oxycontin, Percodan, Percocet, Vicodin, Lortab, Norco, Dilaudid, Exalgo.

**What does it mean for testing?**

If you test positive for any of the semi-synthetic opioid drugs, then as with any other drug test result that is confirmed by the laboratory, the Medical Review Officer (MRO) will conduct and interview with you to determine if there is a legitimate medical explanation for the result. If you have a valid prescription, you should provide it to the MRO, who will determine if the prescription is valid. If a legitimate medical explanation is established, the MRO will report the result to Hornblower as a 'negative'. If not, the MRO will report the result to Hornblower as 'positive'.

**What does a positive report mean?**

As has been the requirement in the past, when Hornblower receives a positive drug test result, we will immediately remove you from performing safety-sensitive functions, terminate your employment, and provide you with a list of qualified Substance Abuse Professionals (SAP) available in your area. In order to return to performing safety-sensitive functions for any DOT-regulated employer (not just Hornblower), you must complete return-to-work-duty process that will include an evaluation by a SAP, who will require education and/or treatment. The SAP will determine if you successfully completed the prescribed education and/or treatment. Before you return to working for Hornblower in a safety-sensitive position, Hornblower must receive a negative test result on a directly observed return-to-duty drug test. After you return to safety-sensitive work, you must be subject to directly observed follow-up testing for 12-60 months depending on the SAP's recommendations.

**What if you are on prescribed medications?**

Hornblower's policy does not require you to report your prescribed medications. However, you must report your prescribed medications to any agency approving medical qualifications for your position.



Consider this to be a reminder to have a conversation with your prescribing physician to discuss your safety-sensitive work. Be proactive in ensuring that your prescribing physician knows what type of transportation-related safety-sensitive work you perform. For example, don't just provide a job title, but describe your job functions. You may also ask us for a job description you can provide to your prescribing physician. This is important information for your prescribing physician to consider when deciding whether and what medication to prescribe for you. **It is important to know whether your medications could impact your ability to safely perform your work and your safety-sensitive duties and responsibilities.**

#### **What does the MRO do with my results?**

Historically, the DOT's regulation required the MRO to report your medication use/medical information to a third party (e.g. your employer, health care provider, etc.), if the MRO determines in his/her reasonable medical judgement that you may be medically unqualified according to DOT Agency regulations, or if your continued performance is likely to pose a significant safety risk. The MRO may report this information even if the MRO verifies your drug test result as negative.

As of January 1, 2018, prior to the MRO reporting your information to a third party you will have up to five days to have your prescribing physician contact the MRO. You are responsible for facilitating the contact between the MRO and your prescribing physician. Your prescribing physician should be willing to state to the MRO that you can safely perform your safety-sensitive functions while taking the medication.

#### **Is more information available?**

The DOT Office of Drug & Alcohol Policy & Compliance publishes a booklet "What Employees Need to Know About DOT Drug & Alcohol Testing". This booklet is attached, and is available from Human Resources. Note it was issued in 2014, and the drug testing panel in this document supercedes what is described in the DOT booklet.

- SAMHSA National Hotline: 1-800-622-HELP(4357); SAMHSA is a confidential, free, 24/7 information service in English and Spanish for individuals facing mental health and/or substance abuse issues.
- Hornblower Employer Assistance Plan: 1-800-854-1446; The UNUM EAP is a 24/7 confidential assistance service.

I have received the update to the Drug Testing Policy and understand I can ask Human Resources if I have any questions.

Print Name & Sign

A handwritten signature in black ink that appears to read 'Lenny Molina'.

Date

03/14/19



## Background Check and Screening for Hornblower New York Employees

### Memorandum from Corporate Office

As part of the process of weighing applicant qualifications and determining his/her suitability for open positions, Hornblower Cruises & Events requires background checks for all finalists for a position. These background checks are conducted by ADP Screening and Selection Services, a consumer reporting agency.

All applicants for employment with Hornblower Cruises & Events are asked to sign a release form authorizing the appropriate background checks. Any applicant who refuses to sign a release form is no longer considered eligible for employment.

The background check will include verification of information provided on the completed application for

employment, the applicant's resume or on other forms used in the hiring process. Information to be verified includes, but is not limited to, social security number and previous addresses. Hornblower Cruises & Events will also conduct a reference check and verification of the applicant's education and employment background as stated on the employment application or other documents listed above.

The background check may also include criminal court record searches. If a conviction is discovered, a determination will be made whether the conviction is related to the position for which the individual is applying or presents safety or security risks before an employment decision is made. Additional checks such as a driving record may be made on applicants for particular job categories if appropriate and job related. If an applicant is denied employment in whole or in part because of information obtained in his/her background check, the applicant will be informed of this and given the name, address and phone number of the screening provider to contact if s/he has specific questions about the result of the check or wants to dispute its accuracy.

Any applicant who provides misleading, erroneous or willfully deceptive information to Hornblower Cruises & Events on an employment form or resume or in a selection interview is immediately eliminated from further consideration for employment with Hornblower Cruises & Events.

Please complete the Background Check Disclosure and Authorization Form. Return the completed form to the individual with whom you had the interview.

Thank you.



## DISCLOSURE OF CONSUMER REPORT

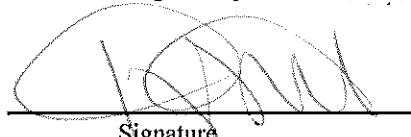
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Hornblower Yachts,LLC** ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by **Occuscreen, LLC, 805 Broadway Street, Suite 215, Vancouver, WA 98660, (888) 833-5304, [www.occuruscreen.com](http://www.occuruscreen.com)**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

I agree that a facsimile ("fax"), electronic or photographic copy of this Disclosure shall be as valid as the original. I acknowledge receipt of this Disclosure and certify that I have read and understand this document.


 A handwritten signature in black ink, appearing to read "John Doe".

Signature


 A handwritten date in black ink, appearing to read "03/14/19".

Date

\_\_\_\_\_  
(if under 18) Guardian Signature



### ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I

have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Hornblower Yachts, LLC** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Occuscreen, LLC**, 805 Broadway Street, Suite 215, Vancouver, WA 98660, (888) 833-5304, [www.occursecreen.com](http://www.occursecreen.com), and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

### SUMMARY OF STATE RIGHTS

\*Please note: You may also have the rights listed below under the FCRA.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law (upon request).

**Washington State applicants only:** I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Suite 2000, Seattle, WA 98104-3188. 206-464-7744p.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants only:** Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy to be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

  
Signature

03/14/19  
Date

(if under 18) Guardian Signature



Employer: Hornblower Yachts,LLC-CA

Phone: 415-635-2274

Requested By:

SERVICES REQUESTED (Check all that apply)

 Social Security Trace       National Criminal Database       County Criminal Court Search

In order to process your background check, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION.

MAKE SURE DISCLOSURE IS SIGNED ABOVE.

First Name: <i>Lenny Motiva</i>	Middle Initial: <i>J</i>
Last Name: <i>Motiva</i>	
Social Security Number: <i>149-94-1364</i>	Birth Date: <i>05/12/1980</i>
Current Address: <i>6 Temple Ave</i>	
City: <i>Jersey City</i>	State: <i>NJ</i>
Driver's License #: <i>32685668</i>	State: <i>P.A</i>
Other Names Used (previous 7 years only):	
1.	2.
3.	4.

Please provide City and County information for your residence covering a period of seven (7) years, beginning with your most current address.

City	County	State	Zip	From _____ To _____
<i>Jersey City</i>	<i>Audson</i>	<i>NJ</i>	<i>07307</i>	<i>From 01 To Present</i>
<i>New York City</i>	<i>Manhattan</i>	<i>NY</i>	<i>10034</i>	<i>From 19 To 17</i>
<i>Jersey City</i>	<i>Audson</i>	<i>NJ</i>	<i>07306</i>	<i>From 11 To 15</i>
				<i>From _____ To _____</i>

\*This information will be used for background screening purposes only and will not be used as hiring criteria.



*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are a victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected,



usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).



## AUTHORIZATION TO RELEASE MEDICAL INFORMATION AND TO COPY MEDICAL RECORDS

### RECORDS TO BE RELEASED FROM:

Business Name/Address: Hornblower New York, LLC, 353 West Street, Pier 40, New York, NY 10014

I hereby request and authorize you to furnish to ARNOLD & ARNOLD, INC., its employees, agents, or legal representatives, any and all medical information in your possession or under your custody or control, concerning me. This includes, but is not limited to, the examination and copying of all medical records, notes, letters, reports, charts, diagrams, x-rays, other diagnostic tests, and medical bills. The records obtained with this authorization will be used for the purpose of prosecuting my legal rights.

### RECORDS TO BE SENT TO:

Business Name: Arnold & Arnold, Inc.  
Address: 2329 India Street, San Diego, CA 92101  
Phone Number: (619) 233-1096 Fax Number: (619) 233-1607

### PATIENT INFORMATION:

Patient Name: Lenny Motter  
Address: 6 Tenace Ave  
Date of Birth: 05/12/1980 Social Security No.: 49-74-1364  
Phone Number: 201-780-8197 Date of Injury: \_\_\_\_\_

### I understand that:

I may revoke this authorization at any time in writing, except to the extent that action has been taken based upon it; The recipient of these records may further disclose this information and it may then no longer be protected by federal privacy regulations;

I am entitled to a copy of this document;

I may refuse to sign this authorization and my refusal to sign will not affect treatment, payment, enrollment, or eligibility for benefits;

There may be a charge for the release of these records pursuant to 45 CFR 164.524 (c) (4) (HIPAA);

This authorization shall expire upon my written request to revoke or according to state law;

A copy of this authorization is as valid as the original; and

This authorization expires 2 years after the date signed.

\_\_\_\_\_  
Signature of Patient or Patient Representative

\_\_\_\_\_  
Date

Description of Representative's Authority to Act for Patient: \_\_\_\_\_



**Commuter  
Benefit Solutions**  
by Edenred®

Effective January 2016, Hornblower New York has joined the ranks of being a great place to work by offering pre-tax Commuter Benefits to help you cut down on your commuting costs. You are now able to save some serious cash by registering for this benefit and using pre-tax money to pay for your daily commuting costs. Your savings can add up to a whopping 40%!

**Getting started is easy. All you have to do is create an account on our online platform and place your first order. Just follow these 6 simple steps!**

Step 1: Go to your Commuter Benefits platform page:

<http://www.mycommutercheck.com>

Step 2: Click on 'New User Signup'.

Step 3: Enter your Company ID **111388**

Step 4: Enter your First Name, Last name, and Zip Code.

Step 5: Verify your info and create a password to complete registration.

Step 6: Congratulations! You've successfully created your account.

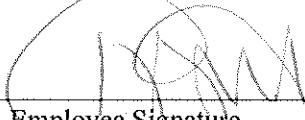
- Now, just click the 'Login' button.
- Once you are logged into your account, select 'Place An Order'.
- Select your product(s).

The Commuter Check card works like a credit card for transportation agency purchases (i.e. Metro cards, monthly rail passes etc) for commuting. Please sign up by the 10<sup>th</sup> of the month and deductions will be made on the following month's payroll. A commuter check card will be mailed out to you within the first couple of weeks after signing up for the program.

**Need a little help?**

Need a little help placing your first order? Just give Commuter Benefits Solution a call at 888.235.9223 anytime between 8am-8pm EST, and a customer service representative will be happy to assist you.

I am an employee of Hornblower New York and I have received this commuter benefit offer.

05/2019	Lenny Melina	
Date	Employee Name	Employee Signature

Policy Update: Drug Testing

Hornblower Cruises & Events, LLC

CONFIDENTIAL

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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS	CONTACT
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
d. Federal Credit Unions	
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE. Washington DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



### Pre-Offer Invitation to Self-Identify

Name: Lenny Molina

Position Applying For: PM Sous Ch

Date: 03/14/2019

Hornblower Yachts, LLC (Hornblower) is a Federal contractor and an Equal Opportunity Employer. Hornblower is subject to Executive Order 11246, which requires government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment. In addition, we are subject to Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment protected veterans. In order to comply with these laws, Hornblower invites applicants to voluntarily self-identify their gender, race/ethnicity and protected veteran status. Hornblower does not discriminate on the basis of race, religion, color, sex, age, protected veteran status, non-disqualifying physical or mental disability, national origin, genetic information, or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Check one of the following:

Male

Female

I choose not to self-identify

Check one of the following race/ethnic groups defined on the following page:

Hispanic or Latino

White (Not Hispanic or Latino)

Black or African American (Not Hispanic or Latino)

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

Asian (Not Hispanic or Latino)

American Indian or Alaska Native (Not Hispanic or Latino)

Two or More Races (Not Hispanic or Latino)

I choose not to self-identify

Check one of the following:

I identify as one or more of the classifications of protected veterans as defined on the following page

I am not a protected veteran.

I choose not to self-identify

**Personal and Confidential – This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.**



### Ethnicity and Race Definitions

- **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- **Two or More Races (Not Hispanic or Latino)** - A person who identifies with more than one of the above five races.

### Protected Veteran Definitions

- **Disabled Veteran** - one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- **Recently Separated Veteran** - any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- **Active Duty Wartime or Campaign Badge Veteran** - a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **Armed forces service medal veteran** - a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp). PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.





**Notice and Acknowledgement of Pay Rate and Payday  
under Section 195.1 of the New York State Labor Law**  
**Notice for Hourly Rate Employees**

<b>1. Employer Information</b>	
<p>Name: <u>Lenny Molina</u></p> <p>Hornblower New York, LLC</p> <p>Doing Business As (DBA) Name(s):</p> <p>Hornblower NY, LLC</p> <p>FEIN (optional):</p>	
<p><u>Physical Address:</u></p> <p>353 West Street, Pier 40 New York, New York 10014</p>	
<p><u>Mailing Address:</u></p> <p>353 West Street, Pier 40 New York, New York 10014</p>	

<b>3. Employee's rate of pay:</b>	
<p><u>\$22.00</u> Per <u>Hour</u></p>	
<b>4. Allowances taken:</b>	
<p><input checked="" type="checkbox"/> None</p> <p><input type="checkbox"/> Tips _____ per hour</p> <p><input type="checkbox"/> Meals _____ per meal</p> <p><input type="checkbox"/> Lodging _____</p> <p><input type="checkbox"/> Other _____</p>	
<b>5. Regular payday:</b> Every Friday	
<b>6. Pay is:</b>	
<p><input checked="" type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Bi-weekly</p> <p><input type="checkbox"/> Other</p>	

<b>7. Overtime Pay Rate:</b>	
<p><u>\$</u> _____ per hour (This must be at least 1½ times the worker's regular rate with few exceptions.)</p>	

<p><b>8. Employee Acknowledgement:</b></p> <p>On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is.</p> <p><b>Check one:</b></p> <p><input checked="" type="checkbox"/> My primary language is _____ I have been given this pay notice in English because it is my primary language.</p> <p><input type="checkbox"/> My primary language is _____ I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language.</p>	
<p>Print Employee Name</p> <p><u>Lenny Molina</u></p>	<p>Employee Signature</p> <p><u>Lenny Molina</u></p>
<p>Date</p> <p><u>X</u> <u>03/14/2019</u></p>	

<p><b>2. Notice given:</b></p> <p><input checked="" type="checkbox"/> At hiring</p> <p><input type="checkbox"/> Before February 1st</p>	
<p>The employee must receive a signed copy of this form. The employer must keep the original for 6 years.</p> <p>Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers.</p>	

### Job Description Acknowledgement

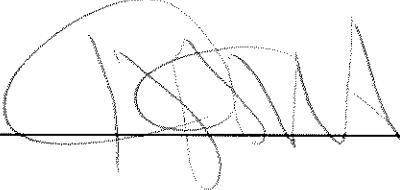
I have received the following job description(s) and have reviewed them with my supervisor.

1. Primary Position: PM SAs chef

2. Secondary Position: \_\_\_\_\_

3. Secondary Position: \_\_\_\_\_

I know that if I have any questions or concerns regarding my job description, I can always discuss them with my supervisor. If I need any reasonable special accommodations due to a disability or need covered under the Americans with Disabilities Act, I need to make my supervisor aware of the accommodation.

Signature: 

Name: Lenny Molina Date: 3/14/19

Position: PM SAs chef

Port: New York

Supervisor's Signature: Scott Kaiser

Supervisor's Name: Scott Kaiser

Lenny Molina  
6 Terrace Ave Jersey City NJ 07307  
Tel: 201-780-8197  
E-Mail: Lennymolina@aol.com

Hors d'oeuvre

#### OBJECTIVE:

Seeking a management position that will challenge my exceptional culinary skills in a restaurant or reputable F&B Group.

#### KEY QUALIFICATIONS

- 6 years experience with kitchen operations and staff supervision
- Hands-on experience in food preparation, following recipes and preparation techniques
- Well versed in assigning responsibilities to culinary staff
- Comprehensive knowledge of setting deadlines ensuring the timely completion of work
- Experience with preparing and organizing banquet as well as restaurant meals

#### WORK EXPERIENCE

Event Chef|Creative Edge Events|Jun-18-pres

- Execute and plate hors d'oeuvre for cocktails, to seated a la cart dishes for private events
- Inspect the commissary delivery for all food items

Sous Chef |The High Line Hotel | Feb 17-May 18

- work hand in hand with executive chef in all aspect of kitchen
- set schedules for employees
- prepare menus for different banquet events

Sous Chef | The Skylark | March 15-Feb 17

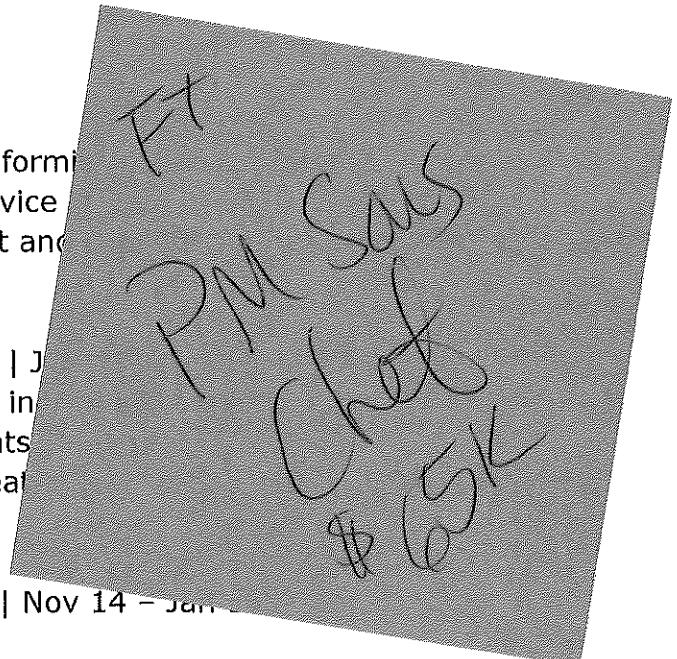
- Ensure food preparation procedures for quality, uniformity and safety
- Responsible of supervising kitchen team during service
- Help with the planning of menus and meals
- Assist and coordinate with other departments
- Additional tasks

Sous Chef/Lead Chef | Stephen STARR Events | NYC | Jun-18-pres

- Managed and directed kitchen personnel in to their individual strengths
- Supervise the preparation and service of food/events
- Execute and plate hors d'oeuvre for cocktails, to seated a la cart dishes
- Inspect the commissary delivery for all food items

Sous Chef | Barraca Restaurant – West Village, NYC | Nov 14 – Jan 18

- Supervise the preparation and service of food
- Rotate products to avoid spoilage
- Monitor food expenditure
- Assist executive chef, pick and train kitchen personnel



**Banquet JR Sous Chef | Dream Hotel – NYC, NY | Aug 2013 – Nov 2014**

- Ensured that all food served is arranged properly and met quality standards
- Gave instructions to cooking workers on fine points of cooking
- Maintained hygiene standards of kitchen and equipment
- Directed and instructed kitchen personnel in their individual tasks

**Senior Banquet Cook | Trump Soho NYC, NY | Sep 2010- June 2013**

- Provided guidance and support to all kitchen staff
- Observed employees engaged in portioning, preparing, and garnishing
- Reviewed delivered product and ensured appropriate storage
- Ensured that all kitchen work is completed within given timeline
- Perform product inventory

**EDUCATION**

Hudson County Community College.

**CERTIFICATIONS**

- Serve Safe
- NYC DOH Food Handlers cert A.A.S Culinary Arts 2011

**SPECIAL SKILLS AND ABILITIES**

- Good communication organizational and management skills
- Bilingual: Fluent in English, Spanish
- Ability to resolve conflicts efficiently
- Attention to detail – Ability to quickly discover and resolve problems



## Job Description

<b>Position Title:</b>	<b>Department:</b>
PM Sous Chef	Galley Department
Reports to:	FLSA Designation:
Director of Food and Beverage	Exempt
Date Written/Revised:	Approved by:
02/08/19	Human Resources

### POSITION SUMMARY:

This position reports to the Food and Beverage Director and the Executive Chef. The PM Sous Chef is responsible for maximizing crew productivity and minimizing costs and wages.

### ESSENTIAL DUTIES AND RESPONSIBILITIES:

#### Position Specific Duties:

- Night time Sous Chef (during busy season- slow season day time shifts will be added)
- Oversee all Food production to ensure quality and presentation of the final product
- Will work with Executive Chef & Executive Sous Chef to improve and hold the standard Operating procedures set forth at Hornblower New York.
- Will perform rotation, sanitation, and collecting and/or distribution of inventory at the close of each business day Check each vessel galley & pods for cleanliness and inventory at end of the evening with all leads on all charters
- Assign & review production & quality of food and production sheets with lead cooks in pre-shift meetings- amounts, timing set up is VIP
- Maintain food standards as set by the Director of Food & Beverage and Executive Chef
- Overview of all food production to ensure proper Quality and Presentation Standards
- Train and manage kitchen personnel and supervise/coordinate all related culinary activities
- Estimate food consumption and requisition or purchase food
- Select and develop recipes and standardize production recipes to ensure consistent quality
- Be responsible for proper equipment operation/maintenance and ensure proper safety and sanitation in kitchen
- Must work Prep shifts per week as business requires
- Work closely with F&B Manager/Event Manager to ensure the cohesive relationship between departments and identify improvements as needed
- Participate and promote the prevention of food loss or theft
- Participate in Pre-Shift, Allocation of Products, Review Product Sheet, Observation of Food Displays and Food Presentation for all Evening Events
- Prepare and Execute Tastings as Needed
- Order Product as Required by Executive Chef
- Assist Executive Chef in Creating, Costings and Maintaining Menus
- Attend all Weekly Managers Meetings
- Observed and Execute all Buffet/ Station Presentation with the Assistance of the Front of House Members

Hornblower Job Description - Template	Template Revision: January 4, 2019
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RESPECT OUR PLANET®

**HORNBLOWER YACHTS® HORNBLOWER®**

BCGSP 8/12 55-12

- Report any unsafe, broken, or dangerous tools and/or equipment to Event Manager and Executive Chef
- Reports to Director of Food & Beverage and Executive Chef

- Maintain all work areas to the NYC Board of Health Standards and Hornblower Cruises & Events Standards
- Keep all walk-in's and food storage areas clean, rotated, labeled and organized
- Maintain Health standards and ensure operation remains in full compliance with NYC DOH
- Ability to reach, bend, stoop, wipe, push, pull and lift items up to 60 pounds
- Ability to stand for extended periods of time
- Ability to multi-task in a fast-paced operation
- A friendly, positive attitude and the pleasure of serving our guests in a fun and relaxed environment
- Takes pride in personal grooming and how you present yourself to others

**Desired background:**

- 5 years of experience in a high volume kitchen
- 1 year of experience in large off premise catering
- Degree/training in food services
- Must have a Food Handlers Certificate
- Serve Safe Certificates (optional)
- Must have a TWIC card
- Work with a sense of urgency and maintain a positive attitude
- Must be friendly and team oriented

**RESPECT OUR PLANET RESPONSIBILITIES:**

- Understand and follow all RESPECT procedures that relate to your job duties.
- Work with a "safety-first" attitude and ensure you and your team adhere to all safety rules and standards.
- Ensure all facility, guest and crew accidents, incidents, safety hazards and violations including those that create harm, litigation or insurance are promptly reported and required forms completed.
- Communicate with senior management of any issues affecting the health, welfare and safety of guests, crew, assets and facilities.
- Minimize your impact on the environment when at work.
- When providing information, communicate via email or authorized media, using paper as a last resort.
- Treat our customers with RESPECT at all times.
- Demonstrate RESPECT Values and QUEST Hospitality Behaviors with internal and external guests.
- To deliver quality service, always greet guests and potential guests with a smile, answer basic questions and offer guests product information when requested.
- Ensure that all crew members in your department have been trained in HAZCOM and are familiar with the Review and familiarize the HAZCOM "Right to Know" data sheets on all work chemicals that they come in contact with.
- Ensure that you and your team wear/utilize all required Personal Protective Equipment (PPE) when performing work duties that have the potential of risk to your health or safety. Lead by example.

Hornblower Job Description - Template	Template Revision: January 4, 2019
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#### OTHER DUTIES AND RESPONSIBILITIES:

- Advise Supervisor or Human Resources any changes of name, address or work status as it affects your compensation, benefits or employment.
- Accurately complete all documentation including payroll, time sheets, revenue reports, paperwork and invoices on a timely basis.
- Know and understand internal policies and external regulatory requirements that relate to your position and department.

Regular attendance in conformance with the standards, which may be established by Hornblower from time to time, is essential to the successful performance of this position. Crewmembers with irregular attendance will be subject to disciplinary action, up to and including termination of employment.

Upon employment, all crewmembers are required to fully comply with Hornblower's rules and regulations. Employees who violate Hornblower rules and regulations will be subject to disciplinary action, up to and including termination of employment.

#### COMPETENCIES:

To perform the job successfully, an individual should demonstrate the following skill sets to perform the essential functions of this position.

- Problem solving – the individual identifies and resolves problems in a timely manner, gathers and analyzes information skillfully.
- Communications – the individual must speak clearly so listeners can understand and recognize and understand the speech of another person.
- Customer service – the individual manages difficult client/customer situations, responds promptly to customer needs, solicits customer feedback to improve service, responds to requests for service and assistance and meets commitments.
- Physical demands – the individual occasionally must have the ability to move or lift up to 60 lbs.
- Planning/organizing – the individual prioritizes and plans work activities and uses time efficiently.
- Quality control – the individual demonstrates accuracy and thoroughness, monitors own work to ensure quality and applies feedback to improve performance.
- Quantity – meets productivity standards and completes work in a timely manner.
- Adaptability – the individual adapts to changes in the work environment, manages competing demands and is able to deal with frequent change, delays or unexpected events.
- Dependability – the individual is consistently at work and on time, follows instructions, responds to management direction and solicits feedback to improve performance.
- Safety and Security – the individual observes safety and security procedures and uses equipment and materials properly.



RESPECT OUR PLANET®

**HORNBLOWER YACHTS® HORNBLOWER®**



LCOSP 30155.17

**GROOMING:**

All crew members must maintain a neat, clean and well-groomed appearance (specific standards available in the Employee Handbook).

**NOTICE:**

Standing, bending, stooping, and lifting weights up to and including 60 lbs. may be required. The marine hospitality business functions seven (7) days a week, twenty-four hours a day. In addition, this is a hospitality business and a hospitable service atmosphere must be projected at all times.

I HAVE READ AND UNDERSTAND THE POSITION DESCRIPTION INFORMATION AND HEREBY STATE THAT I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION. ACCOMMODATIONS ARE DETERMINED BY MANAGEMENT.

Lenny Mina  
PRINT NAME

Lenny Mina  
SIGNATURE

03/14/2019  
DATE



Clean Air. Clean Water. Clean Future.

Hornblower Job Description - Template	Template Revision: January 4, 2019
	Page 4 of 4 HORNBLOWER 048



March 14, 2019

Lenny Molina  
6 Terrace Avenue,  
Jersey City, NJ 07307

Telephone: 201-780-8197 Email: Lennymolina@aol.com

Dear Lenny:

Congratulations on your new opportunity with Hornblower Cruises! I am pleased to confirm the details of your offer of employment with Hornblower Yachts, LLC dba Hornblower Cruises & Events ("HCE"). This letter confirms the full and complete terms of our employment offer.

1. Position Title: PM Sous Chef
2. Effective Date: 03/14/2019
3. Job Responsibilities: A complete position description is attached. HCE remains free to re-assign your responsibilities from time to time and at any time, and you will generally be expected to perform such activities as HCE may request, even if they are outside of the primary area outlined in your position description
4. Compensation: Your initial base salary will be paid at the rate of \$ 1,250.00 before taxes per payroll period, paid in weekly installments (which computes to \$ 65,000.00 on an annualized basis).  
  
If you are eligible for an Incentive or Bonus plan, the details will be given to you within 30 days upon hire. Increases are not automatic or guaranteed at any time. Increases are based on many things including job performance.
5. Benefits: Refer to your attached package.
6. Wage Protection Notice: Attached to this offer letter, HCE is providing you with the required notice to employee in compliance with the NY Labor Code Section 195.1. This form requires your acknowledgment of receipt, by signature and is to be returned to Crew Resources.
7. Policies: Your employment is at will and, accordingly, is subject to termination by either you or the company at any time, with or without notice or cause. Nothing in this offer is intended to guarantee employment for a fixed length of time.  
  
As a condition of your employment, you will be required to sign, and abide by, the Company's Crew Handbook which will be provided to you at New Hire Orientation (tentatively scheduled for Wednesday, April 3<sup>rd</sup> at 9am to 1pm).

HCE is a market leader in a small industry with a limited supplier and employee base. Its success is highly dependent upon its ability to maintain loyal suppliers and employees, and to develop creative resources and goodwill within the industry. In accepting this position

HORNBLOWER 049

you agree to refrain from soliciting any HCE employees for a period of 1-year following any termination of your employment with HCE.

8. Contingencies:

This offer and your continued employment are contingent upon satisfactory results on a background investigation and reference check, at the Company's expense. This includes, but is not limited to, A satisfactory criminal record check and a drug screen.

This offer is also contingent upon compliance with the Immigration Reform and Control Act of 1986 and the completion of our standard reference checks. The Immigration Reform and Control Act requires that you establish your identity and employment eligibility. Therefore, on your first day of employment, you will be required to fill out an Employment Verification Form and present the documents required.

9. Confidentiality:

The protection of confidential information and trade secrets is essential for HCE, its companies and employees' future security. To protect such information, employees may not disclose any trade secrets or confidential information (defined further in the Crew Handbook). The Company's Confidentiality Policy is ongoing even after employment with the Company terminates.

10. Arbitration:

In the event of any dispute or claim between you and us (including all of our employees, agents, subsidiary and affiliated entities, benefit plans, benefit plans' sponsors, fiduciaries, administrators, and affiliates; and all successors and assigns of any of them), you and we agree to submit all such disputes or claims to confidential binding arbitration and waive any right to a jury trial. The arbitration (i) shall be conducted pursuant to the provisions of the arbitration rules of the state of New York or in absence of state law the Federal Arbitration Act; and (ii) shall be heard before a retired State or Federal judge in the county containing our office in which you were last employed. We shall pay for all fees and costs of the arbitration; however, each party shall pay for its own costs and attorneys' fees, if any, except as otherwise required by law or as awarded by the arbitrator. Contact Crew Resources for additional information.

11. Termination:

You will be employed at HCE as an "employee-at-will" and either you or HCE may terminate the employment relationship at any time with or without notice or cause. Nothing in this offer is intended to guarantee employment for a fixed length of time.

This letter contains the entire agreement between us. You acknowledge that you have not relied upon any representations (oral or otherwise) other than those explicitly stated in this offer letter.

On behalf of all of us at HCE, we are excited at the prospect of you joining us and we hope you find your association with Hornblower to be challenging, fulfilling – and fun!

To accept our offer of employment, please sign below and return the letter to me. This offer is valid for seven days from the date of this letter. If you have any questions, please do not hesitate to ask me.

Sincerely,



Scott Hauser

Hornblower New York, LLC.

Hornblower Cruises & Events, Hornblower Yachts, LLC.

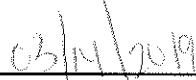
I have reviewed the offer of employment and accept the position.

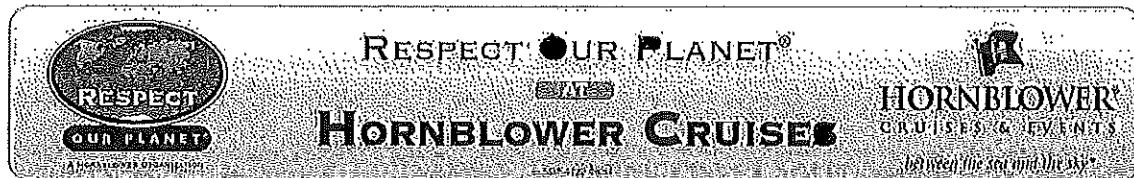


Signature



Date:





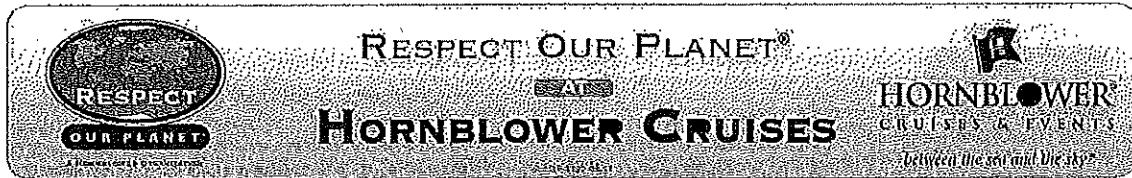
## Basic Safety & Vessel Familiarization Training Qualification

### BASIC SAFETY TRAINING QUALIFICATION

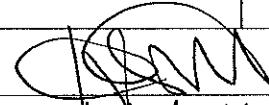
Name of Candidate: Lenny Molina Position of Candidate: P. M. Sous Chef  
 Date Started: 3/27/19 Vessel(s): Infinity

Qualification	Date	Trainer Initials	Comments
Ref Basic Safety Training Procedure Form			
<b>I. Personal Survival Techniques</b>	<u>4/3/19</u>	<u>DB</u>	
Types of emergency situations which may occur, such as collision, fire, foundering, etc.	/	/	
Types of survival craft onboard, how they are used.	/	/	
Equipment in survival craft and how it is used.			
Location and use of personal lifesaving devices.			
Principles concerning survival including:			
a. Value of training and drills. <u>6w</u>			<u>every month</u>
b. Personal protective clothing and equipment.			
c. Need to be ready for any emergency.			
d. Actions to be taken when called to survival craft stations.			
e. Actions to be taken when required to abandon ship.			
f. Actions to be taken in the water.			
g. Actions to be taken when aboard survival craft.			
h. Main dangers to survivors.	✓	✓	
<b>II. Fire Prevention and Fire-Fighting</b>			
Shipboard fire-fighting organization	<u>4/3/19</u>	<u>DB</u>	
Emergency escape routes.			
The elements of fire and explosion (the fire triangle).	/	/	
Types and sources of ignition.			
Flammable materials, fire hazards, and how fire spreads.			
The need for constant vigilance.	✓	✓	
Actions to be taken on board ship in the event of fire.			

Basic Safety & Vessel Familiarization Qualification	Revised 5/24/12
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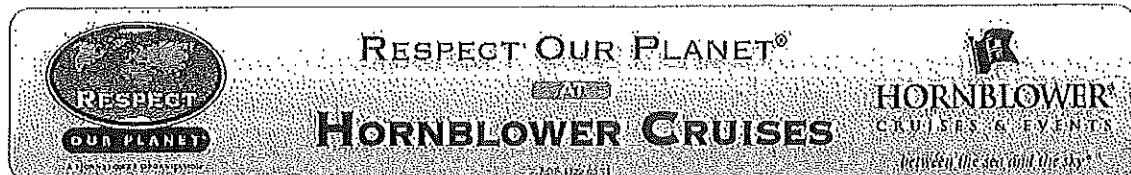
Classification of fire and appropriate extinguishing agents.	4/3/19	DB	
Fire and smoke detection and automatic alarm systems.			
Discussion of the dangers of spontaneous combustion and ways to mitigate.			
Location and use of on-board fire-fighting equipment including:			
a. Fixed fire extinguishing installations			
b. Portable fire extinguishing equipment			
c. Firefighter's outfits & personal protective equipment			
d. Fire-fighting procedures			
e. Use of breathing apparatus for fighting fires and effecting rescues	✓	✓	
<b>III. Elementary First Aid</b>			
Assessment of casualty victim's needs and threats to own safety.	4/3/19	DB	
Understanding of immediate measures to be taken in cases of emergency, including the ability to:			
a. Position casualty victim			
b. Apply resuscitation techniques			
c. Control bleeding			
d. Apply appropriate measures of basic shock management			
e. Apply appropriate measures in event of burns and scalds, including accidents caused by electric current			
f. Rescue and transport of a casualty victim	✓		
g. Improvise bandages and use of materials in emergency first aid kit.		✓	
<b>IV. Personal Safety and Responsibility</b>			
Types of emergencies which may occur, such as collision, fire, foundering, etc.	4/3/19	DB	
Knowledge of shipboard contingency plans for response to emergencies.			
Emergency signals and specific duties allocated to crewmembers in the muster list, muster stations, and correct use of personal safety equipment.			
<b>V. Incident Reporting</b>			
Reporting and completing incident reports.			
<b>VI. Basic Safety Quiz</b>			

Crew Member's Signature: 

Date: 4/3/19

Name and Title of Reviewer: Donald Bradbury Date of Review: 4/3/19

Basic Safety & Vessel Familiarization Qualification	Revised 5/24/12
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## Basic Safety & Vessel Familiarization

### VESSEL FAMILIARIZATION TRAINING QUALIFICATION

Name of Candidate: \_\_\_\_\_ Position of Candidate: \_\_\_\_\_

Date Started: \_\_\_\_\_ Vessel(s): \_\_\_\_\_

\*Note: One Vessel Familiarization Form to be completed per vessel or classification of vessel.

Qualification	Date	Trainer Initials	Comments
Ref Vessel Familiarization Procedure Form			
I. Received training/instruction on how to communicate with other persons on board regarding elementary safety matters and recognition of informational symbols and signs.	4/3/19	DB	
II. Received training/instruction on how to recognize alarm signals and the procedures they represent.			
III. Received training/instruction on what action to take in the event a person falls overboard; if fire or smoke is detected; or if the fire or abandon ship alarm sounds. (Station Bill Duties)			
IV. Received training/instruction on how to identify stations for muster and embarkation, and emergency escape routes.			
V. Received training/instruction on the location of life jackets, life rings, and other life saving equipment stored on board.			
VI. Received training/instruction on how to don a life jacket.			
VII. Received training/instruction on how to raise the alarm in the event of fire.			
VIII. Received training/instruction on how to close and open the fire, weather tight, and watertight doors (other than hull openings).			
IX. Vessel Diagram, Terminology & Em. Station Bill	✓	✓	
IX. Vessel Emergency Action Plan Overview	✓	✓	
Vessel Familiarization Quiz			

Crew Member's Signature:  Date: 4/3/19

Name and Title of Reviewer: Donald Bradmer Date of Review: 4/3/19

Basic Safety & Vessel Familiarization Qualification	Revised 5/24/12
	Page 6 of 9





Katarina Belanich &lt;kbelanich@hornblower.com&gt;

**Fwd: Sous Chef**

1 message

gbravo@hornblower.com <gbravo@hornblower.com>  
 To: kchandler@hornblower.com, kbelanich@hornblower.com

Wed, Feb 20, 2019 at 2:53 PM

----Forwarded using Multi-Forward Chrome Extension---

From: Lenny Molina <96aa83866d42359e9d73e57ad5a6dd26@reply.craigslist.org>  
 Date: Tue Feb 19 2019 11:25:09 GMT+1100 (AEDT)  
 Subject: Sous Chef  
 To: 96aa83866d42359e9d73e57ad5a6dd26@job.craigslist.org

Lenny Molina 6 Terrace Ave Jersey City NJ 07307 Tel: 201-780-8197 E-Mail: Lennymolina@aol.com OBJECTIVE: Seeking a management position that will challenge my exceptional culinary skills in a restaurant or reputable F&B Group. KEY QUALIFICATIONS • 6 years experience with kitchen operations and staff supervision • Hands-on experience in food preparation, following recipes and preparation techniques• Well versed in assigning responsibilities to culinary staff • Comprehensive knowledge of setting deadlines ensuring the timely completion of work• Experience with preparing and organizing banquet as well as restaurant meals WORK EXPERIENCE Event Chef|Creative Edge Events|Jun-18-pres • Execute and plate hors d'oeuvre for cocktails, to seated a la cart dishes for private events • Inspect the commissary delivery for all food items Sous Chef |The High Line Hotel | Feb 17-May 18 • work hand in hand with executive chef in all aspect of kitchen • set schedules for employees • prepare menus for different banquet events Sous Chef | The Skylark | March 15-Feb 17 • Ensure food preparation procedures for quality, uniformity and accurateness • Responsible of supervising kitchen team during service • Help with the planning of menus and meals • Assist and support the executive chef in routine and additional tasks Sous Chef/Lead Chef | Stephen STARR Events | NYC | Jan 15- May 15 • Managed and directed kitchen personnel in to their individual tasks. • Supervise the preparation and service of food/events. • Execute and plate hors d'oeuvre for cocktails, to seated a la cart dishes for private events • Inspect the commissary delivery for all food items Sous Chef | Barraca Restaurant – West Village, NYC | Nov 14 – Jan 15 • Supervise the preparation and service of food • Rotate products to avoid spoilage • Monitor food expenditure • Assist executive chef, pick and train kitchen personnel Banquet JR Sous Chef | Dream Hotel – NYC, NY | Aug 2013 – Nov 2014 • Ensured that all food served is arranged properly and met quality standards• Gave instructions to cooking workers on fine points of cooking • Maintained hygiene standards of kitchen and equipment • Directed and instructed kitchen personnel in their individual tasks Senior Banquet Cook | Trump Soho NYC, NY | Sep 2010- June 2013 • Provided guidance and support to all kitchen staff • Observed employees engaged in portioning, preparing, and garnishing • Reviewed delivered product and ensured appropriate storage • Ensured that all kitchen work is completed within given timeline • Perform product inventory EDUCATION Hudson County Community College. CERTIFICATIONS • Serve Safe • NYC DOH Food Handlers cert A.A.S Culinary Arts 2011 SPECIAL SKILLS AND ABILITIES • Good communication organizational and management skills • Bilingual: Fluent in English, Spanish • Ability to resolve conflicts efficiently • Attention to detail – Ability to quickly discover and resolve problems Lenny Molina ----- Original craigslist post: <https://newyork.craigslist.org/mnh/fbh/6814781417.html> About craigslist mail: <https://craigslist.org/about/help/email-relay> Please flag unwanted messages (spam, scam, other): <https://craigslist.org/mf/0228bd07f61f99166b05430e8e8e991703ca3798.1> -----



## FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



Care360®



Q D 0 9 6 5 0 4 0 2

## SPECIMEN ID

CLIENT NO. 10413926

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

## LAB ACCESSION NO.

ONE No. 0930-0152

A. Employer Name, Address, I.D. No. HORNBLOWER-NEW YORK-NY GENA BRAVO-TORRES PIER 40 HORNBLOWER LANDING NEW YORK, NY 10014 Phone #: (415)635-2266 Fax #: (415)426-3797	Site Location	B. MRO Name, Address, Phone and Fax No. DAVID NAHIN MD 13SCREEN 9501 NORTHFIELD BLVD DENVER, CO 80238 Phone #: (877)585-7366 Fax #: (855)253-5666
C. Donor SSN or Employee I.D. No. 1 4 9 7 4 1 3 6 4	D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC Specify DOT Agency: <input type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG	
E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post-Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____	F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ 67643N	

G. Collection Site Address: Quest Diagnostics Edison - EDS  
1199 Amboy Ave Store A4  
Edison, NJ 08837

Collection Site Code: EDS

Collector Phone No.: (732)494-6380

Collector Fax No.: (732)494-6528

## STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate) Collector reads specimen temperature within 4 minutes.

Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark	Collection: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark <input type="checkbox"/> Observed, Enter remark
--	--

REMARKS: (Testing authority not provided by DBR)

## STEP 3: Collector affixes bottle seal(s) to bottles(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

## STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable Federal requirements.		
 Signature of Collector Jassi Sidhu (Print) Collector's Name (First, MI, Last)	Time of Collection 2:22 EDT AM X 3/18/2019 Date (Mo/Day/Yr)	SPECIMEN BOTTLE(S) RELEASED TO: <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input checked="" type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> Other Name of Delivery Service Transferring Specimen to Lab

## STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector, that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided to the collector and on the label affixed to each specimen bottle is correct.	
 Signature of Donor Joseph molina (Print) Donor's Name (First, MI, Last)	3/18/2019 Date (Mo/Day/Yr)
Daytime Phone No. 2017808197	Evening Phone No. 2017808197
Date of Birth 5/12/1980 Mo. Day Yr.	

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

## STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:	
<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE for: _____	<input type="checkbox"/> DILUTE
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below:	
<input type="checkbox"/> ADULTERATED (adulterant/reason): _____ <input type="checkbox"/> SUBSTITUTED <input type="checkbox"/> OTHER: _____	
REMARKS	<input type="checkbox"/> TEST CANCELLED
 Signature of Medical Review Officer	Date (Mo/Day/Yr)

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:	
<input type="checkbox"/> RECONFIRMED for: _____ <input type="checkbox"/> TEST CANCELLED	
<input type="checkbox"/> FAILED TO RECONFIRM for: _____	
REMARKS	<input type="checkbox"/> TEST CANCELLED
 Signature of Medical Review Officer	Date (Mo/Day/Yr)

COPY 5 - DONOR COPY





Joe Velazquez &lt;jvelazquez@hornblower.com&gt;

## Fwd: Completed Report #801666 - MOLINA - [CLEAR] - 03-21-2019 11:57 AM MDT

1 message

Tania Grichener &lt;tgrichener@hornblower.com&gt;

Thu, Mar 21, 2019 at 2:12 PM

To: NYJobs@hornblower.com

Cc: Joe Velazquez &lt;jvelazquez@hornblower.com&gt;, Roland Belluscio &lt;rbelluscio@hornblower.com&gt;

Hi Team,

We have received the Background and Drug Test results for Lenny Molina.

Applicant's Name:	Lenny Molina
Department / Port applied for:	GLY/HNY
Results from Background Screening/DT:	<b>Passed, you may proceed with orientation</b> Please let your QM know the exact positions, tiers, and rates to include on the new hire packet BEFORE orientation is scheduled.
QM:	

Best,

Tania

---

**Tania Grichener**  
 Human Resources Assistant  
 P: 415-635-2266  
 F: 415-632-5758

Pier 3, Hornblower Landing  
 San Francisco, CA 94111  
 hornblower.com



----- Forwarded message -----

From: Occuscreen, LLC &lt;automation@instascreen.net&gt;

Date: Thu, Mar 21, 2019 at 10:57 AM

Subject: Completed Report #801666 - MOLINA - [CLEAR] - 03-21-2019 11:57 AM MDT

To: &lt;tgrichener@hornblower.com&gt;

Date: 03-21-2019 11:57 AM MDT

Dear Tania Grichener,

Occuscreen, LLC has completed the screening report for MOLINA, JOSEPH. To view this report, please click on the link below or copy it into any Internet browser.

Package Ordered: Hornblower-DOT Drug Screen Only

<https://occuscreen.instascreen.net/editor/viewReport.taz?file=801666> HORNBLOWER 059

Please use the same login information that you use to access your account.

As always, you can view this report and other reports for your company by logging into your account.

**Note: This report is clear of flag(s).**

Sincerely,  
Occuscreen, LLC  
Phone: 888-833-5304  
Toll Free Fax: 877-464-5656

HORNBLOWER 060



Joe Velazquez &lt;jvelazquez@hornblower.com&gt;

## Status Update- Lenny Molina- PM Sous Chef

3 messages

Joe Velazquez &lt;jvelazquez@hornblower.com&gt;

Thu, Mar 21, 2019 at 2:26 PM

To: Scott Hauser &lt;shauser@hornblower.com&gt;

Cc: Mohammad Faruq &lt;mfaruq@hornblower.com&gt;, Tracee Abbott &lt;tabbott@hornblower.com&gt;, Justin Fuoco &lt;jfuoco@hornblower.com&gt;, Roschan Sealey &lt;rsealey@hornblower.com&gt;, Sherril Schwartz &lt;sschwartz@hornblower.com&gt;

Hi Scott,

Please be advised Lenny Molina has Cleared both Background and Drug tests.

**Please let us know when he is going to start for payroll reasons and to Everify him.**--  
Regards,

Joe Velazquez

HR Assistant

Sherril Schwartz &lt;sschwartz@hornblower.com&gt;

Thu, Mar 21, 2019 at 6:13 PM

To: Joe Velazquez &lt;jvelazquez@hornblower.com&gt;

Cc: Scott Hauser &lt;shauser@hornblower.com&gt;, Mohammad Faruq &lt;mfaruq@hornblower.com&gt;, Tracee Abbott &lt;tabbott@hornblower.com&gt;, Justin Fuoco &lt;jfuoco@hornblower.com&gt;, Roschan Sealey &lt;rsealey@hornblower.com&gt;

Great !

Sent from my iPhone

[Quoted text hidden]

Scott Hauser &lt;shauser@hornblower.com&gt;

Sun, Mar 24, 2019 at 10:08 AM

To: Sherril Schwartz &lt;sschwartz@hornblower.com&gt;

Cc: Joe Velazquez &lt;jvelazquez@hornblower.com&gt;, Mohammad Faruq &lt;mfaruq@hornblower.com&gt;, Tracee Abbott &lt;tabbott@hornblower.com&gt;, Justin Fuoco &lt;jfuoco@hornblower.com&gt;, Roschan Sealey &lt;rsealey@hornblower.com&gt;

Good Morning Joe,

I spoke to Lenny this morning. He is confirmed to start his training this week. I asked him to come in on Wednesday. Please add him to When to work so i can add his schedule. I'll see you tomorrow to discuss further.

Thank you,

[Quoted text hidden]

--

**Scott Hauser**  
 Executive Chef  
**Hornblower Cruises & Events - New York**

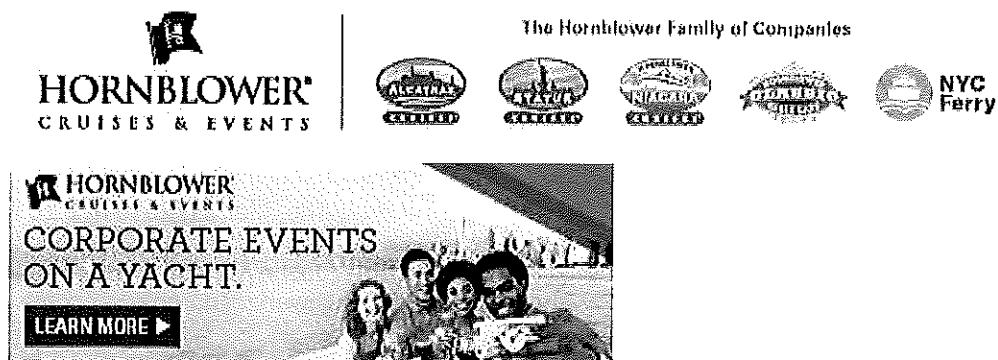
Hudson River Park's Pier 40, Hornblower Landing  
 353 West Street  
 (at West Side Highway & West Houston Street)

New York, NY 10014

**Cell: 646-403-5490****Office: 646-576-8445**

HORNBLOWER 061

Email: shauser@hornblower.com



HORNBLOWER 062

**ACKNOWLEDGMENT AND AGREEMENT**

This acknowledges that I have received a copy of the Hornblower New York, LLC ("Hornblower") Crew Handbook ("Handbook") and that I understand that it sets forth the policies and procedures of Hornblower applicable to my employment. I understand and agree that it is my responsibility to read the Crew Handbook and to abide by the rules, policies, and standards set forth in the Crew Handbook, as well as other policies and procedures which may be separately provided to me by the Company in connection with my employment.

I acknowledge that my employment with Hornblower is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the Company. I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that with the exception of the CEO or other duly authorized executive of the Company, no Manager or employee has the authority to enter into an employment agreement--express or implied--providing for employment other than at will.

I also acknowledge that, except for the policy of at-will employment, the Company reserves the right to revise, delete, and add to the provisions of this Crew Handbook. All such revisions, deletions, or additions must be in writing and must be signed by the CEO of the Company. No oral statements or representations can change the provisions of this Employee Handbook. I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the Company may be modified at the Company's sole discretion with or without cause or notice at any time. No implied contract concerning any employment-related decision or term and condition of employment can be established by any other statement, conduct, policy, or practice.

I understand that any dispute regarding my employment, or the policies, procedures or guidelines set forth in this Crew Handbook, are subject to binding arbitration as provided for in this Handbook. If I have any questions regarding the arbitration process, I understand that I may seek additional information from Crew Resources.

I understand that the foregoing agreement concerning my employment at will status and the Company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and Hornblower concerning the duration of my employment, the circumstances under which my employment may be terminated, and the circumstances under which the terms and conditions of my employment may change. I further understand that this agreement supersedes all prior agreements, understandings, and representations concerning my employment with Hornblower.

*Si usted no entiende este libro porque está escrito en inglés, póngase en contacto con el departamento de Personal y ellos le explicarán las reglas. Si usted no pide ayuda, la compañía asumirá que entendió el libro. Este libro no es un contrato y no crea obligaciones bajo la ley.*

4/3/19

Date



Employee Signature

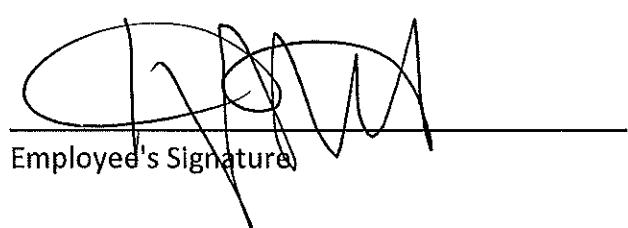
Lenny Molina

Employee Name [printed]

**ACKNOWLEDGMENT AND AGREEMENT REGARDING THE COMPANY'S  
ALCOHOL AND DRUG ABUSE POLICY**

I have carefully and thoroughly read the Company's Alcohol and Drug Abuse Policy. I agree, without reservation, to abide by the terms of that policy. I further agree to notify the Company of any conviction for any criminal drug statute violation occurring in the workplace no later than five days after such conviction. I understand that abiding with the terms of this Alcohol and Drug Abuse Policy and notifying the Company of workplace-related drug convictions are conditions of my employment. I understand that any violation of the policy will result in disciplinary action, up to and including immediate termination.

Date: 4/3/19

  
Employee's Signature

Housing, the Equal Employment Opportunity Commission, the National Labor Relations Board, the Department of Labor, the California Labor Commissioner, or the Workers' Compensation Board. This Agreement does, however, preclude me from pursuing court action regarding any such claim, except as permitted by law.

**E. Voluntary Nature of Agreement.** THE PARTIES ACKNOWLEDGE AND AGREE THAT THEY ARE EXECUTING THIS AGREEMENT VOLUNTARILY AND WITHOUT ANY DURESS OR UNDUE INFLUENCE. THE PARTIES FURTHER ACKNOWLEDGE AND AGREE THAT THEY HAVE CAREFULLY READ THIS AGREEMENT AND THAT THEY HAVE ASKED ANY QUESTIONS NEEDED TO UNDERSTAND THE TERMS, CONSEQUENCES, AND BINDING EFFECT OF THIS AGREEMENT AND FULLY UNDERSTAND IT, INCLUDING THAT **THEY ARE WAIVING THEIR RIGHT TO A JURY TRIAL**. FINALLY, THE PARTIES AGREE THAT THEY HAVE BEEN PROVIDED AN OPPORTUNITY TO SEEK THE ADVICE OF AN ATTORNEY OF CHOICE BEFORE SIGNING THIS AGREEMENT.

**2. Miscellaneous**

**A. Governing Law; Consent to Personal Jurisdiction.** This Agreement will be governed by the laws of the State of California without regard to California's conflicts of law rules that may result in the application of the laws of any jurisdiction other than California. To the extent that any lawsuit is permitted under this Agreement, I hereby expressly consent to the personal and exclusive jurisdiction and venue of the state and federal courts located in California for any lawsuit filed against me by the Company.

**B. Assignability.** This Agreement will be binding upon my heirs, executors, assigns, administrators, and other legal representatives, and will be for the benefit of the Company, its successors, and its assigns. There are no intended third-party beneficiaries to this Agreement, except as may be expressly otherwise stated. Notwithstanding anything to the contrary herein, the Company may assign this Agreement and its rights and obligations under this Agreement to any successor to all or substantially all of the Company's relevant assets, whether by merger, consolidation, reorganization, reincorporation, sale of assets or stock, or otherwise. Any assignment in violation of this clause shall be null and void and shall not be enforceable and valid.

**C. Severability.** If a court or other body of competent jurisdiction finds, or the Parties mutually believe, any provision of this Agreement, or portion thereof, to be invalid or unenforceable, such provision will be enforced to the maximum extent permissible so as to effect the intent of the Parties, and the remainder of this Agreement will continue in full force and effect.

**D. Modification, Waiver.** No modification of or amendment to this Agreement, nor any waiver of any rights under this Agreement, will be effective unless in a writing signed by the Company's CEO and me. Waiver of a breach of any provision of this Agreement will not operate as a waiver of any other or subsequent breach. Any subsequent change or changes in my duties, salary, compensation, conditions or any other terms of my employment will not affect the validity or scope of this Agreement.

E. *Sole and Entire Agreement.* This is the sole and entire agreement of the parties on the subject of arbitration of disputes (except for any arbitration agreement in connection with any pension or benefit plan). This Agreement supersedes any prior or contemporaneous oral or written understandings on the subject. No party is relying on any representations, oral or written, on the subject of the effect, enforceability, or meaning of this Agreement, except as specifically set forth in this Agreement.

F. *Survivorship.* The rights and obligations of the parties to this Agreement will survive termination of my employment with the Company.

**Employee acknowledges that Employee has received a copy of The JAMS Employment Arbitration Rules & Procedures.**

Employee Signature:



Employee Name Printed:

Lenny Molina

Date:

4/3/19

Company Representative

Signature:



Date:

4/3/19

HR Use Only
#
Submitted:



## INCIDENT REPORT

All Incidents are to be emailed to [incident@hornblower.com](mailto:incident@hornblower.com) the same day the incident occurs. The form should be completed by the Captain or First Officer. It should then be submitted to a Port Captain the same day. Follow-up will be made as deemed necessary. Remember to FILL OUT COMPLETELY and with as much detail as possible as soon as the incident has been safely resolved and reported.

I. INCIDENT INFORMATION:		PRELIMINARY REPORT SUBJECT TO CHANGE			
Vessel or Facility:	Serenity	Time/Date of Incident:		1/1/19 0830	
Location of Vessel:	Dock Side P. 40	Type of Incident:		Slip/Fall	
Where on the vessel or facility did the incident occur?	Second Deck Bow, Exterior Port Side				
II. INJURED / ILL PARTY: Please circle one below.					
Guest		Crew		Property	
Name of Injured / Ill:	Donald Bradmerel		Name of Witness:		N/A
Contact Number:	(555) 123-4567		Contact Number:		N/A
Address:	353 West St New York, NY 10014		Address:		N/A
Gender:	Male	Female	Date of Birth:	11/8/1990	Body Part Affected:
Injury Type:	Trip/Fall	Cut	Burn	Strain	Struck By/Hit
III. INCIDENT DETAILS: Please circle one below and provide details.					
Injury		Illness	Damage to Property		Other
While walking out to head to pilot house, Crew member claims he slipped on heaving line left on deck. Crew member claims to have struck his knee against deck resulting in a scrap & bruise. Denied EMS requested an ice pack and bandage for knee.					
1. Did an HCE Employee witness the incident? Yes <input checked="" type="radio"/> No <input type="radio"/> N/A			1a. Name(s): N/A		
2. Total Passengers on board: 0			3. Underway: Yes <input checked="" type="radio"/> No <input type="radio"/> N/A		4. Deck/Floor Condition: Wet <input checked="" type="radio"/> Dry <input type="radio"/> N/A
5. Lighting Conditions: Excellent <input checked="" type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> N/A			6. Signage Posted: Yes <input type="radio"/> No <input checked="" type="radio"/> N/A		
7*. If Damage to Property: Include type of damage, type of property, owner of property: N/A					
IV. NOTIFICATIONS MADE: (Who was called?)					
1. Was Port Captain notified: Yes <input checked="" type="radio"/> No <input type="radio"/> N/A			1a. Name: S. Ware 1b. Time of Notification: 0845		
2. Was USCG notified: Yes <input checked="" type="radio"/> No <input type="radio"/> N/A			2a. CG 2692 Incident Report Required: Yes <input type="radio"/> No <input checked="" type="radio"/> Unsure <input type="radio"/> N/A		
3. Police notified: Yes <input checked="" type="radio"/> No <input type="radio"/> N/A			3a. Report taken: Yes <input type="radio"/> No <input checked="" type="radio"/> N/A		
4. Was EMS called: Yes <input checked="" type="radio"/> No <input type="radio"/> N/A			4a. Time Called: N/A		
V. CREW		Crew Onboard:		Knowledge of Incident:	
Captain: N/A		Yes No		Alcohol/Drug Test Given: Yes No	
First Officer: N/A		Yes No		Weather: 42°F Clear	
Event Manager: N/A		Yes No		Visibility: 10 mi	
Chef: N/A		Yes No		Tide: High	
Bartender: N/A		Yes No		Current: flood	
				Wind Speed/Dir: 10 - N	
Hornblower Cruises & Events Incident Report				Revision Date: 11/2016 Page 1 of 3	

VII. DETAILS OF INJURY / ILLNESS AND TREATMENT						
1. Was First Aid Administered:	Yes	No	N/A	1a. What?	1b. By Whom?	
2. Did party DECLINE First Aid Treatment?	Yes	No	N/A	3. Did the injured person refuse to give info regarding the incident?	Yes	No N/A
4. Was the injured person unable to give info regarding the incident?	Yes	No	N/A	5. Did the person lose consciousness?	Yes	No N/A
6. Was Automated External Defibrillator (AED) used?	Yes			No	N/A	
7. Body Ailments?	Seizure	Vomiting	Fainting	Sweating	Rash	Other
8. Was the person taken to a hospital or medical facility?	Yes	No	N/A	8a. Name of Hospital / Facility:	N/A	
9. Were they taken by ambulance:	Yes	No	N/A	9a. From where:	N/A	
10. Was the person consuming alcohol prior to the incident?	Yes	No	N/A	10a. If so, how much?	N/A	
11. Alcohol/Drug Test Given:	N/A			12. Type of footwear being worn:	Shoes	
VIII. VIDEO FOOTAGE/PICTURE(S) OF INCIDENT						
1. Was the incident captured on our security system?	Yes	No	Don't Know	N/A		
2. Was footage requested?	Yes	No	N/A	3. Who was notified?	N/A	
4. If footage was not pulled, please explain why:	N/A					
<p>Please submit video footage via google drive to <a href="mailto:incident@hornblower.com">incident@hornblower.com</a>. If the file is too large to send, notify your local HR contact. Submit any photos of the area of the incident and attach when submitting incident report to <a href="mailto:incident@hornblower.com">incident@hornblower.com</a>.</p> <p><i>I have completed this form to the best of my ability regarding the incident at hand. I have made honest and accurate accounts to the best of my knowledge and I have not provided any false or dishonest statements or information.</i></p>						
Report Filled out by:	Vic Name Here			Position:	My position PMSuster	
Signature:	Signature Here			Date:	Date Reports Filled	

Hornblower Cruises & Events	Revision Date: 11/2016
Incident Report	Page 2 of 3



### INCIDENT REPORT WITNESS STATEMENT:

The section below should be offered to a witness of the incident. If accepted, allow the witness to complete. Have each individual complete a witness statement and attach to this report.

#### CONTACT INFORMATION:

1. Name:				
2. Address:				
3. Telephone:	3a. Best time to reach you:			
4. Name of Injured Person:	4a. Relationship to Injured Person:			
5. Date and Time of Incident:	5a. Are you a(n): Employee Guest Other N/A			

6. Did you personally observe the incident: Yes No N/A

7. Please describe what you saw in as much detail as possible:

*I have completed the form as completely and accurately as possible. To the best of my ability, I have reported the incident as accurately and completely as possible. I have not made any false statements or inaccurate statements.*

Signature:	Date:
------------	-------

Hornblower Cruises & Events Incident Report	Revision Date: 11/2010 Page 3 of 3
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**PRYOR**  
Learning • Solutions

**FRED PRYOR SEMINARS**

**CAREERTRACK**

Name Lenny Molina Title P.M. Sous Chef  
 Organization Hornblower Cruise & Events  
 Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### PROGRAM EVALUATION

Program Title Basic Supervision Date 5/13/19

Trainer Ray Charles

#### PLEASE TAKE A MOMENT TO RATE TODAY'S TRAINING

Excellent Very Good Good Fair Poor

Rate and describe your overall satisfaction with today's training.

Comments: Very interesting topics

Some may agree to disagree

5

4

3

2

1

Rate and explain the usefulness of today's training.

Comments: Very useful, learned ways to manage my team with the tools of my communication style

4

3

2

1

Rate and describe the effectiveness of today's trainer.

Comments: We let us actually teach ourselves

How to manage and we taught us the difference between communication styles

4

3

2

1

#### NEXT STEPS

What are the most useful tips, techniques or skills you will take away from today's training?

Different ways of communication styles of TRAIN

What actions will you take in the next three weeks to apply what you've learned in today's training?

Listen thoroughly before answering.

To whom will you report your success?

my Manager Chef

#### CHECK THREE OR MORE TRAINING TOPICS OF INTEREST

<input type="checkbox"/> Administrative Assistant & Front Desk	<input type="checkbox"/> Coaching/Team Building	<input type="checkbox"/> Excel®	<input type="checkbox"/> OSHA & Workplace Safety
<input type="checkbox"/> Assertiveness Skills	<input checked="" type="checkbox"/> Communication	<input type="checkbox"/> Finance & Accounting	<input type="checkbox"/> Personal Development
<input type="checkbox"/> Business Skills	<input checked="" type="checkbox"/> Computer Skills & Software	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Project Management
<input type="checkbox"/> Business Writing & Grammar	<input type="checkbox"/> Customer Service	<input checked="" type="checkbox"/> IT	<input type="checkbox"/> Sales
	<input checked="" type="checkbox"/> Dealing With Difficult People	<input type="checkbox"/> Management & Leadership	<input type="checkbox"/> Time Management
		<input type="checkbox"/> Marketing	<input type="checkbox"/> Other: _____

Want to be notified when these topics are coming to your area? If yes, please provide your email address L.Molina@hornblower.com

Who approved your attendance today?

Name \_\_\_\_\_ Title \_\_\_\_\_  Address same as above

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**May we use your comments in our marketing or promotional campaigns? If yes, please sign:**

Signature \_\_\_\_\_ Date \_\_\_\_\_







Pier 40, 363 West Street, New York, NY 10014 • TEL: 212-337-0001 • FAX: 212-675-6241 • [hornblower.com](http://hornblower.com)

#### UNIFORM SIGN OUT AGREEMENT

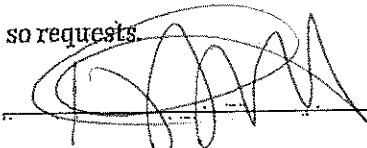
Employee Name: Lenny Molina Department: Galley

Uniform Item: Winter Tech Qty 1 Date: 4/5/19

Uniform Item: \_\_\_\_\_ Qty \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that all items listed above remain the sole property of my employer. I understand that I should wear the employee uniform and name tag at all times during the shift. In the event that my uniform or nametag is lost or misplaced, I will be responsible for acquiring a new uniform or nametag by informing my department manager. I understand that, except for normal wear and tear, the employee shall be responsible for damage to uniform furnished by the company, provided that such loss or damage is the fault of the employee.

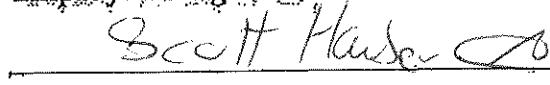
If I quit my employment, I agree to return all of the above items the same day my employment is terminated. If my employer terminates my employment, I agree to return all of the above items within 5 days of termination. I further agree to return any or all of the above items at any other time my employer so requests.

A handwritten signature in black ink, appearing to read "Scott Hause".

4/5/19

Employee's Signature

Date

A handwritten signature in black ink, appearing to read "Scott Hause".

4/5/19

Human Resources Signature

Date





Pier 40, 353 West Street, New York, NY 10014 TEL: 212-337-0001 FAX: 212-675-6241 hornblower.com

I acknowledge that I received the Hornblower New York attire as marked below. I am aware that I am responsible for the upkeep and cleanliness of the uniforms given to me. I understand that I am to have on the attire provided to me during work hours, or as stated below. If I do not comply, I accept the possibility of disciplinary action up to and including termination.

Any additional clothing can and will be provided by Hornblower New York, but at an additional cost as written below.

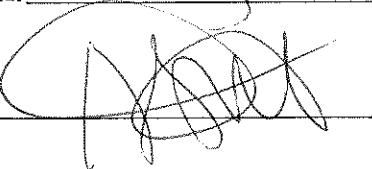
1 - Black Bell cap  
2 - Hornblower T-shirt

*To be worn during work shifts along with black pants and dark colored shoes, provided by myself, the employee*

Print Name: Lenny Molina

Department: Culinary

Position: Sous Chef

Signature: 

Date: 6/2/19





# DOCUMENTATION OF CREW COACHING & COUNSELING SESSION

Crew Name: Lenny Molina Department: Galley Date: 5/15/19  
Date of Problem: 5/11/19 Time: PM Sous Chef Location:

## SPECIFIC NATURE OF PROBLEM

- Dishonesty
- Absenteeism/Tardiness
- Carelessness
- Performance Below Par
- Unsafe Actions
- Not Following Orders
- Breaking House Rules (explain)
- Under the Influence
- Other (explain)

Details regarding this problem: Better communication. Follow up with owners & predators, shots, Hostile when things are put corr. Needs to tone it down. Credit Staff.

Has this person been warned on this or a similar problem?  Yes  No  
If Yes, How?  Verbal  Written  Suspension When? \_\_\_\_\_(date)

Summation of counseling session: Understands Better Communication and Support. The department to get respect from staff.

- training schedule setup with dep 'Scott'
- menus & Production (rect. ch. type)
- Walk vessels & follow up with (Isad) & Eun's
- Direct staff better
- we will have a staff meeting next week

Action taken:  Verbal  Written  Suspension  Other

## Plan for the Future:

"I understand that my signature on this form indicates that this matter has been discussed with me. I also understand that I may discuss this matter with Crew Resources and submit written comments in response if I feel it is incorrect or unfair. I have received a copy of this communication."

Supervisor Jeff Hauser   
Witness (if any)   
Crew member 

Date 5/15/19  
Date 5/15/19  
Date 5/15/19

NOTE: CONTINUANCE OF IMPROPER CONDUCT MAY RESULT IN HARSHER DISCIPLINARY ACTION, UP TO AND INCLUDING SUSPENSION AND DISMISSAL.



NITIN PARIKH, M.D.  
DIPLOMATE, AMERICAN BOARD OF INTERNAL MEDICINE  
3368 KENNEDY BOULEVARD  
JERSEY CITY, NEW JERSEY- 07307  
(201)656-8811

DATE: 05/23/19

**FOR MEDICAL LEAVE OF ABSENCE**

TO WHOM IT MAY CONCERN

PATIENT'S NAME: Lenny Joseph Molina

DATE OF BIRTH: 05/12/1980 SEX: M

ABOVE PATIENT IS EVALUATED IN THE OFFICE ON 5/23/19

SUGGEST REST FOR 4 days

MAY RESUME WORK \_\_\_\_\_

  
(NITIN PARIKH, M.D.)





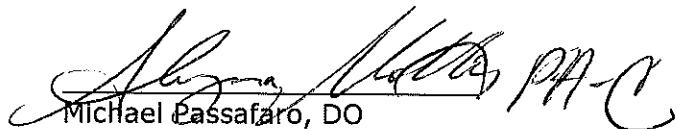
Name: LENNY JOSEPH MOLINA  
Acct Num: V01021900269  
Med Rec Num: M000458323  
Location: Emergency Department  
Primary Provider: Passafaro, Michael  
Date: 05/21/19

BAYONNE MEDICAL CENTER  
EMERGENCY DEPARTMENT  
29 EAST 29TH STREET  
BAYONNE, NEW JERSEY 07002  
201-858-5000

DISCHARGE WORK NOTE

Patient LENNY JOSEPH MOLINA is excused from work for 2 days.

No heavy lifting for \_\_\_\_\_ days.



Michael Passafaro, DO  
Alyssa Motter, PA-C





Name: LENNY JOSEPH MOLINA  
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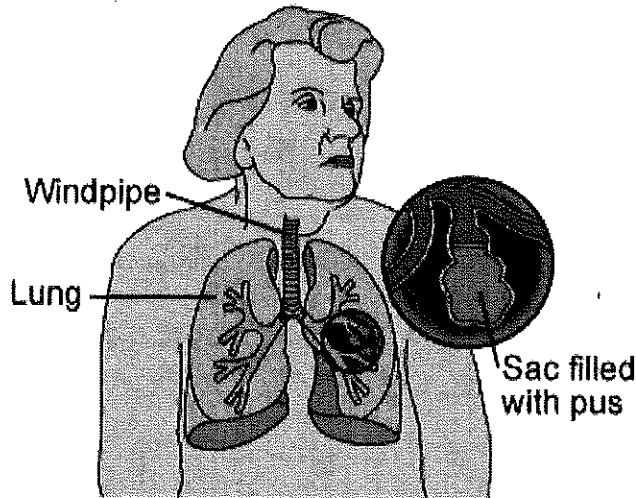
## Patient Education

### Pneumonia Discharge Instructions, Adult

#### About this topic

Pneumonia is an infection in your lungs. It is most often caused by bacteria and viruses. You may develop a fever, cough, have trouble breathing, feel weak, or have chest pain. Pneumonia can cause you to need help breathing with a machine called a ventilator. In some cases, pneumonia can even cause death.

#### Pneumonia - Adult

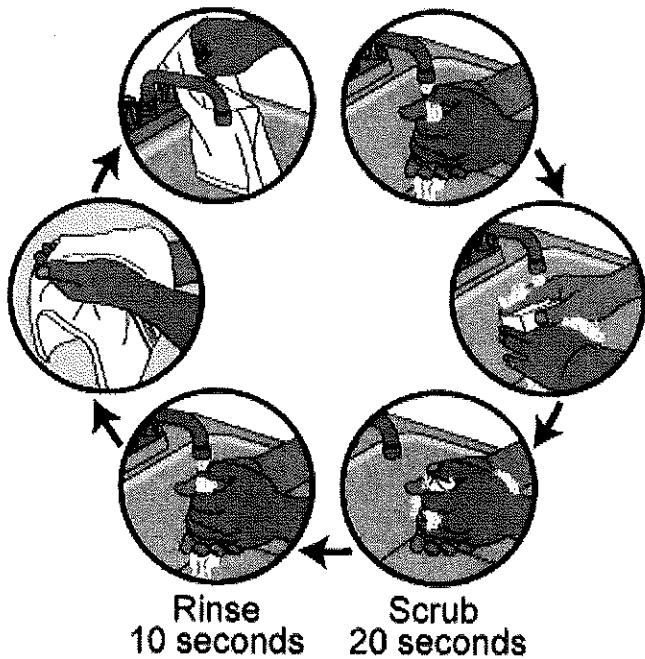




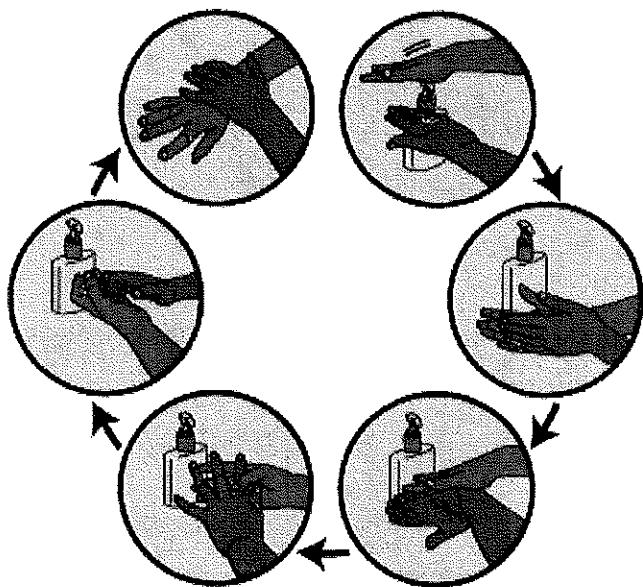


Name: LENNY JOSEPH MOLINA  
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Date: 05/21/19

## Hand Washing



## Hand Sanitizing







Name: LENNY JOSEPH MOLINA  
Acct Num: V01021900269  
Med Rec Num: M000458323  
Location: Emergency Department  
Primary Provider: Passafaro, Michael  
Date: 05/21/19

## Staying Healthy



### What care is needed at home?

- Ask your doctor what you need to do when you go home. Make sure you ask questions if you do not understand what the doctor says. This way you will know what you need to do.
- Take any drugs your doctor has ordered for you to treat your pneumonia. Do not skip doses.
- Drink 6 to 8 glasses of water each day.
- Take deep breaths 2 to 3 times every hour to help expand your lungs.
- Get lots of rest at home.
- If you are smoking, stop. Stay away from places with smoke.

### What follow-up care is needed?

Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits.

### What drugs may be needed?





Name: LENNY JOSEPH MOLINA  
 Acct Num: V01021900269  
 Med Rec Num: M000458323  
 Location: Emergency Department  
 Primary Provider: Passafaro, Michael  
 Date: 05/21/19

The doctor may order drugs to:

- Treat infection
- Loosen secretions
- Lower fever
- Control coughing
- Open the airways
- Help with swelling in your airways and lungs

You may be given inhalers to help your breathing. Talk with your doctor about how to take all of your drugs.

### Will physical activity be limited?

- Get enough rest while recovering from your illness.
- Talk with your doctor about when you can return to your normal activities.

### What can be done to prevent this health problem?

- Always cover your cough with the inside of your arm.
- Wash your hands often with soap and water for at least 20 seconds, especially after coughing or sneezing. Alcohol-based hand sanitizers also work.
- Do not get too close (kissing, hugging) to people who are sick. Ask visitors who have colds to wear a mask.
- If you have a cold, stay home from work or school. Wear a mask to help from spreading the infection.
- Do not share towels or hankies with anyone who is sick.
- Eat a healthy diet.
- Get a flu shot each year. Ask your doctor if you need a pneumonia shot or any other vaccines.
- Do not smoke or be around smoke.

### When do I need to call the doctor?

- Signs of infection. These include a fever of 100.4°F (38°C) or higher, chills, very bad sore throat, ear or sinus pain, cough, more sputum or change in color of sputum
- Pass out or feel like you are going to pass out
- Problems thinking clearly
- Trouble breathing or feeling short of breath when at rest
- Cough does not get better with your drugs





Name: LENNY JOSEPH MOLINA  
 Acct Num: V01021900269  
 Med Rec Num: M000458323  
 Location: Emergency Department  
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 Date: 05/21/19

- Coughing up blood
- You are not feeling better in 2 to 3 days or you are feeling worse

## Teach Back: Helping You Understand

The Teach Back Method helps you understand the information we are giving you. The idea is simple. After talking with the staff, tell them in your own words what you were just told. This helps to make sure the staff has covered each thing clearly. It also helps to explain things that may have been a bit confusing. Before going home, make sure you are able to do these:

- I can tell you about my condition.
- I can tell you what I can do to help avoid passing the infection to others.
- I can tell you what I will do if I have more trouble breathing, feel short of breath at rest, or my cough does not get better.

## Where can I learn more?

American Lung Association

<http://www.lungusa.org/lung-disease/pneumonia/understanding-pneumonia.html>

NHS Choices

<https://www.nhs.uk/conditions/pneumonia/>

## Last Reviewed Date

2018-02-16

## Consumer Information Use and Disclaimer

This information is not specific medical advice and does not replace information you receive from your health care provider. This is only a brief summary of general information. It does NOT include all information about conditions, illnesses, injuries, tests, procedures, treatments, therapies, discharge instructions or life-style choices that may apply to you. You must talk with your health care provider for complete information about your health and treatment options. This information should not be used to decide whether or not to accept your health care provider's advice, instructions or recommendations. Only your health care provider has the knowledge and training to provide advice that is right for you.





Name: LENNY JOSEPH MOLINA  
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Med Rec Num: M000458323  
Location: Emergency Department  
Primary Provider: Passafaro, Michael  
Date: 05/21/19

**CarePoint Connect Discharge Instructions:**

**EVEN THOUGH YOU ARE LEAVING THE ER, WE HAVEN'T STOPPED CARING FOR YOU!!**

As we discussed with you today, a CarePoint healthcare provider or CarePoint staff member may be contacting you after your ER visit to make sure that you are feeling better or to review updated laboratory/radiology results.

We offer this service from the convenience of your own home or work by having a video visit. This is usually covered by insurances; alternatively, credit card payments are accepted. All you need is an iPhone, Android, tablet, or a computer with webcam.

If you are contacted, we will use the phone number you provided to us. CarePoint Connect staff will instruct you on how to start the video, visit on your mobile phone, tablet, or computer.

If you want to begin this video visit immediately, please call our CarePoint staff member at 201-676-4063.





## TIME OFF REQUEST FORM

(Please return to HR when completed)

Employee Name:

Employee ID #:

Title:

Department:

Request for:

Vacation  
 Sick Day  
 Floating Holiday  
 Other (please specify):

Dates Out of Office:

8/10 & 8/11/19

Total Number of Days Off:

2

Date Returning to Work:

8/14/19

Comments:

Family Emergency Mom had Stroke.

### Approval & Signatures

Lenny Molina

9/6/19

Employee Name (Print)

Employee Signature

Date

Scott House

9/6/19

Manager Name (Print)

Manager Signature

Date

Bryan Miranda

9/9/2019

Human Resources Name (Print)

Human Resources Signature

Date



[✉ journalsquare@citymd.net](mailto:journalsquare@citymd.net)  
📍 32 Journal Square Plaza, Jersey City, NJ 07306

📞 201.354.1955 📲 201.354.1956

10/22/2019

Patient: Lenny Molina  
Date of Birth: 05/12/1980

This letter is to certify that Lenny Molina was seen at CityMD Urgent Care on 10/22/2019 for a medical concern. The patient is cleared to return to work.

If you have any other questions or concerns, please call us at (516)-342-7075.

Thank you,

Frank Flores, DO

A handwritten signature in black ink, appearing to read "Frank Flores".

Office Manager

CityMD  
32 Journal Square Plaza  
Jersey City, NJ 07306  
(P) 201-354-1955  
(F) 201-354-1956  
HORNBLOWER 096



**This tool is to be used:**

- Leader is packing an office/cube/desk area for departed Crew Member

Propriety items such as: files, supplies purchased by the company, plans, contracts, contact lists, etc are not to be removed from the company.

**Directions:**

Leader should capture all items removed from the office in list format below. Be as specific as possible. Once packing is complete, Leader must sign and date each list agreeing to what content is being removed from the premise. Please include a signed and dated copy of the inventory in the box(es) for the Crew Member to have.

All signed inventory lists must be provided to the People Team.

**Office Inventory List:**

Box 1- *2 THERMOMETERS  
1 HORNBLOWER ZIPUP  
1 KNIFE SET  
1 HB FLEECE ZIPUP  
1 HB ~~POLO~~ POLO  
1 HB WINDBREAKER*

Box 2 -

Box 3 -

Leader Name: Mark Steiner / Adrian Silvestre

Leader Signature: M.S. / A.S. Date: 5-19-20

**SMG-CityMD Journal Square**  
32 JOURNAL SQ  
JERSEY CITY, NJ-07306-4002  
Tel: 201-354-1955 Fax: 201-354-1956

## RECEIPT OF PAYMENT

Date: 10/22/2019  
Transaction No: 1612546978  
Card Holder: LENNY J , MOLINA  
Patient: Molina, Lenny

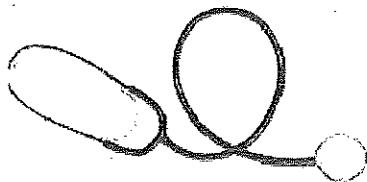
<b>Amount:</b>	<b>Payment Type:</b>	<b>Payment ID:</b>	<b>Card No:</b>	<b>Card Brand:</b>	<b>Date:</b>	<b>Auth Code:</b>
\$ 75.00	Credit Card	5602508	x7445	MC	Tue 2019-10-22 at 10:06:44 PM GMT	070643

## APPOINTMENT CARD

**Patient Name:** Molina, Lenny

HORNBLOWER 098

<https://nyctmdapp.ecwcloud.com/mobiledoc/jsp/catalog/xml/ccpayment/getCCXmlReceipt.jsp> 10/22/2019



## Summary of Today's Visit

Molina , Lenny DOB:05/12/1980

Account No 1524006

Gender:Male

Race:Declined to Specify

Ethnicity:Hispanic or Latino

Preferred Language:English

10/22/2019 visit with Frank Flores, DO

### Today's Diagnoses Include

- S63.502AWrist sprain, left, initial encounter

Notes: A Healthy Lifestyle: Care Instructions material was printed

### Referrals

- Referrals Par80, (Routine) Orthopedics, Reason: Left wrist sprain

### Tests Ordered/Performed Today

#### Imaging Studies and Other Tests

- X ray LEFT Wrist 3 Views PA Oblique Lateral Ulnar Deviation on 10/22/2019

#### Procedures

- Ortho Care on 10/22/2019

### Preventive Medicine

- \*\*Discharge Instructions:

General D/C Instructions - Thank you for choosing CityMD for your urgent care needs. It is important to read the following information about your visit today. We have made our best attempt to diagnose and treat you to the best of our abilities. As an urgent care center we do not have the ability to observe your condition over a period of time. Please return if any new or worsening symptoms develop. If you have new or worsening symptoms during hours that CityMD is closed, please call your primary care physician or seek immediate medical attention. Go directly to an emergency department or call 911 for any emergency situation. Today's visit focused on your current medical issue or issues. Like an emergency department visit, an urgent care visit does not replace a complete health check with your primary care provider. Upon your written request, arrangements can be made to provide today's records to your primary care or followup physician. It is important to discuss all symptoms, medications and/or test results with your primary care physician. If medications were prescribed, discuss all of your medications with the pharmacist filling your prescriptions to double - check for medication interactions or allergies. If a specific follow up plan was put into place with another clinic or physician, please return to CityMD if the follow-up visit is cancelled or does not occur for any reason. If tests were performed during your visit, results of today's tests will be relayed to you by our Aftercare department. Please understand that some blood tests take longer to process than others since secondary testing may be performed to ensure accuracy. Some test results take up to two weeks for return to us from the laboratory. Specific tests may or may not necessitate a callback based on clinical indications. Patients aged 18 - 65 with negative throat cultures, or urine cultures that are negative or show adequate treatment will not be automatically called back. Please call CityMD Aftercare if you desire a status update on your results. If you have questions on the day of treatment, you are best served to first contact the site you visited for care and testing, so that you may speak with your providing clinician. You can also reach Aftercare at (516) 342-7075; office hours are 8 am to 9 pm Mon-Fri, and 9 am to 7 pm on weekends. Thank you..

Summary of Today's Visit for - Molina , Lenny DOB:05/12/1980 Account No: 1524006

SMG-CityMD Journal Square 32 JOURNAL SQ JERSEY CITY, NJ 07306-4002 201-354-1955

Summary generated by eClinicalWorks ([www.eclinicalworks.com](http://www.eclinicalworks.com))

This document contains confidential information about your health. To maintain your privacy, do not throw this document in the trash. If you do not wish to keep this document for your records, please shred or otherwise securely dispose of your copy. If you are not the intended recipient, please destroy this document and report it to the physician's office named above.

HORNBLOWER 099

### **Wrist Sprain**

Your wrist hurts because you have stretched or torn ligaments, which connect the bones in your wrist.

Wrist sprains usually take from 2 to 10 weeks to heal, but some take longer. Usually, the more pain you have, the more severe your wrist sprain is and the longer it will take to heal. You can heal faster and regain strength in your wrist with good home treatment.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

Prop up your arm on a pillow when you ice it or anytime you sit or lie down for the next 3 days. Try to keep your wrist above the level of your heart. This will help reduce swelling.

Put ice or cold packs on your wrist for 10 to 20 minutes at a time. Try to do this every 1 to 2 hours for the next 3 days (when you are awake) or until the swelling goes down. Put a thin cloth between the ice pack and your skin.

After 2 or 3 days, if your swelling is gone, apply a heating pad set on low or a warm cloth to your wrist. This helps keep your wrist flexible. Some doctors suggest that you go back and forth between hot and cold.

If you have an elastic bandage, keep it on for the next 24 to 36 hours. The bandage should be snug but not so tight that it causes numbness or tingling. To rewrap the wrist, wrap the bandage around the hand a few times, beginning at the fingers. Then wrap it around the hand between the thumb and index finger, ending by circling the wrist several times.

If your doctor gave you a splint or brace, wear it as directed to protect your wrist until it has healed.

Take pain medicines exactly as directed.

If the doctor gave you a prescription medicine for pain, take it as prescribed.

If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.

Try not to use your injured wrist and hand.

When should you call for help?

Call your doctor now or seek immediate medical care if:

Your hand or fingers are cool or pale or change color.

Watch closely for changes in your health, and be sure to contact your doctor if:

Your pain gets worse.

Your wrist has not improved after 1 week.

### **Smoking Status**

- Patient is a NON smoker

---

Summary of Today's Visit for - Molina , Lenny DOB:05/12/1980 Account No: 1524006

SMG-CityMD Journal Square 32 JOURNAL SQ JERSEY CITY, NJ 07306-4002 201-354-1955

Summary generated by eClinicalWorks ([www.eclinicalworks.com](http://www.eclinicalworks.com))

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## **EXHIBIT “B”**



**DOCUMENTATION OF  
CREW COACHING & COUNSELING SESSION**

Crew Name: Lenny Molina

Department: Galley Date: 5/15/19

Date of Problem: 5/11/19

Time: PM Sus Ct Location: \_\_\_\_\_

**SPECIFIC NATURE OF PROBLEM**

<input type="checkbox"/> Dishonesty	<input type="checkbox"/> Absenteeism/Tardiness	<input type="checkbox"/> Carelessness
<input type="checkbox"/> Performance Below Par	<input type="checkbox"/> Unsafe Actions	<input type="checkbox"/> Not Following Orders
<input type="checkbox"/> Breaking House Rules (explain)	<input type="checkbox"/> Under the Influence	<input checked="" type="checkbox"/> Other (explain)

Details regarding this problem: Better communication Galley up with menus & production sheets. Hostile when things are not corr. Needs to tone it down

Has this person been warned on this or a similar problem?  Yes  No  
If Yes, How?  Verbal  Written  Suspension When? \_\_\_\_\_ (date)

Summation of counseling session: Understand Better communication and support. The crew attitude to get respect from staff  
 - training school to setup with chef Scott  
 - menus & production sheets align  
 - work vessels & follow up with (Lead) & Eunis  
 - Direct Staff Better  
 - we will have a staff meeting next week

Action taken:  Verbal  Written  Suspension  Other

Plan for the Future: \_\_\_\_\_

"I understand that my signature on this form indicates that this matter has been discussed with me. I also understand that I may discuss this matter with Crew Resources and submit written comments in response if I feel it is incorrect or unfair. I have received a copy of this communication."

Supervisor Hornblower Date 5/15/19  
 Witness (if any) \_\_\_\_\_ Date 5/15/19  
 Crew member R. Molina Date 5/15/19

**NOTE: CONTINUANCE OF IMPROPER CONDUCT MAY RESULT IN HARSHER  
DISCIPLINARY ACTION, UP TO AND INCLUDING SUSPENSION AND DISMISSAL**

# EXHIBIT “C”



## DISCIPLINARY ACTION FORM

Employee Name: Lenny MolinaEmployee #: 4464Department: Food BeverageDate of Notice: 7/5/19Date of Hire: 3/25/19

## Type of Violation

Attendance       Tardy/Early Quite       Inappropriate Behavior

Unsatisfactory Performance       Insubordination

Willful Damage to Company Property       Violation of Company Policies/Procedures

Other: \_\_\_\_\_

## Description of Violation

Date of Incident: 7/4-7/5/19Time of Incident: 10pm-4am

Description: Employee did NOT conduct a proper walkthrough when closing their assigned vessel. Leaving behind a tray of seeds & watermelon. See attached.

## Employee Statement

I agree with Employer's statement.

I disagree with Employer's description of violation for these reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Actions to be Taken

Warning     Probation     Suspension     Discharge     Other:

Consequences should incident occur again: Probation

I HAVE READ AND UNDERSTAND THIS EMPLOYEE WARNING NOTICE.

Lenny Molina

Employee Name (Print)

Jeff Huse

Supervisor/Manager who Issued warning (Print)

Brian Miranik

Human Resources Name (Print)

\* My Signature does not represent agreement with the comments herein, merely acknowledgement that I received the warning.

A handwritten signature of Lenny Molina, consisting of stylized, cursive letters.

Employee Signature

A handwritten signature of Brian Miranik, consisting of stylized, cursive letters.

Signature of Supervisor/manager

A handwritten signature of the Human Resources department, consisting of stylized, cursive letters.

Human Resources Signature

7/17/19

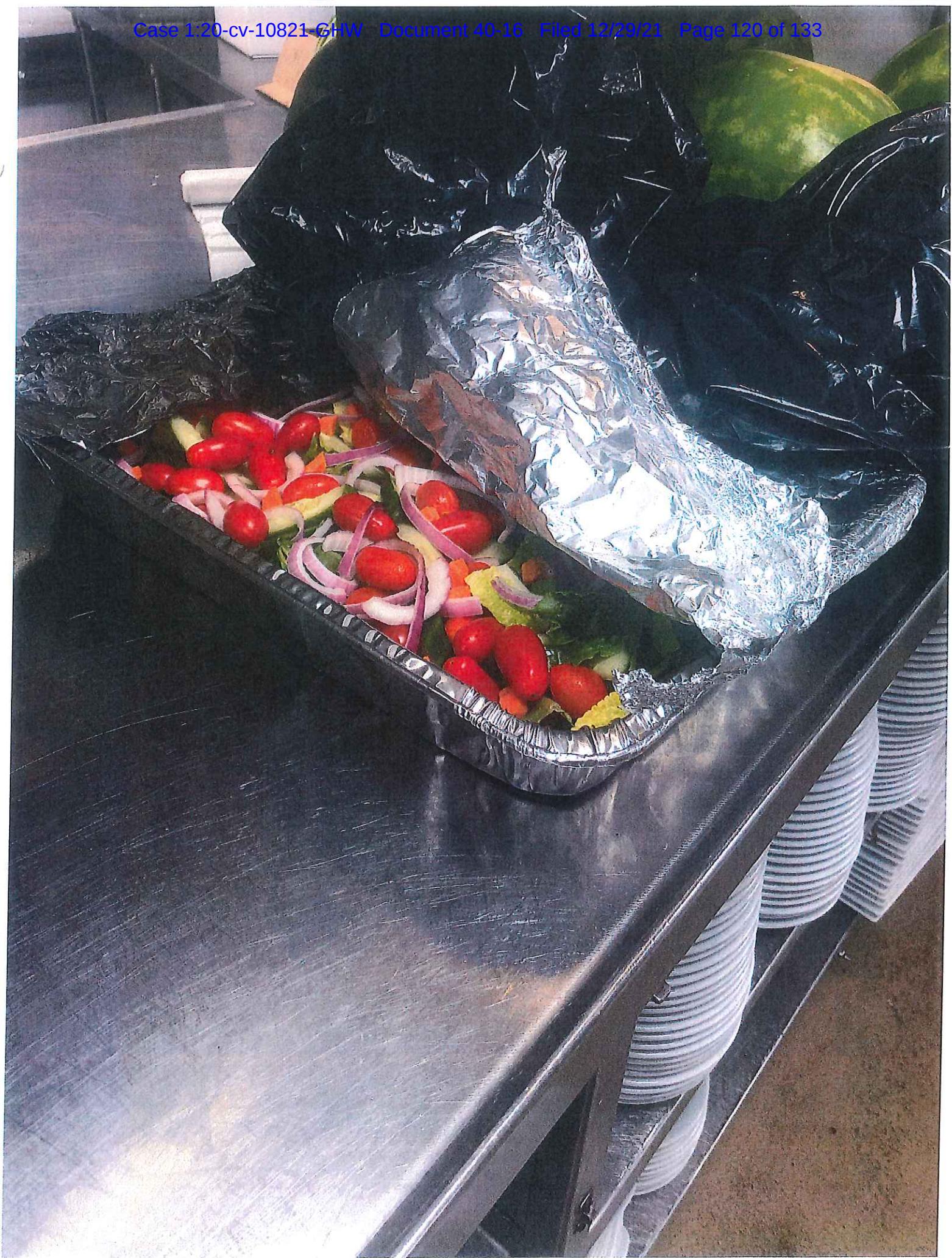
Date

7/17/19

Date

7/19/19

Date



# **EXHIBIT “D”**



between the sea and the sky®

Employee Name: Lenny Molina  
 Employee #: 4469 Department: Galley

## DISCIPLINARY ACTION FORM

Date of Notice: 2/24/2020

Date of Hire: \_\_\_\_\_

## Type of Violation

Attendance       Tardy/Early Quite       Inappropriate Behavior  
 Unsatisfactory Performance       Insubordination       Violation of Company Policies/Procedures  
 Willful Damage to Company Property  
 Other: \_\_\_\_\_

## Description of Violation

Date of Incident: 2/7/2020/6/2020Time of Incident: 5:30pm-10pm

Description: on 2/7 did not park accordingly. Selma we not ready on time. he didn't check vessel or underway to make sure it was. But we make 316/10 chocolate chips or Dessert - order or manifest - See Attached

## Employee Statement

I agree with Employer's statement.  
 I disagree with Employer's description of violation for these reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Actions to be Taken

Warning     Probation     Suspension     Discharge     Other: \_\_\_\_\_

Consequences should incident occur again:

Suspension

I HAVE READ AND UNDERSTAND THIS EMPLOYEE WARNING NOTICE.

Lenny Molina

Employee Name (Print)

Employee Signature

2/24/2020  
 Date

SAK

Supervisor/Manager who issued warning (Print)

BRYAN MIRANDA

Human Resources Name (Print)

Signature of Supervisor/manager

2/24/2020  
 Date  
2/25/2020  
 Date

\* My Signature does not represent agreement with the comments herein, merely acknowledgement that I received the warning.

Hornblower NY - Confidential

WIGI DOIGE  
 Front B. DIRECTOR

02/24/2020

## FOH After Action Reporting

Boat/Day Part/Date	Lexington/charter/2.7.2020	# of Servers	0
Manager/Supervisor:	Tracee Abbott	# of SA's/Back Servers	2
Captain:	Jon LaBarge	# of Bartenders	1
Chef/Supervisor:	Lenny Molina	# of Cooks	1
Entertainment:	Outside Band	# of Dishwashers	1
Expected Ticket Count:	60	# of Mates	1
Final Ticket Count:	58	# of Security	0

Weather: Windy/slight drizzle

Safety Topic:

Weekly OSS FOCUS: FOH Sanitation

Milk Duds Executed:

Decibel Meter Reading during Dance Set:

Dk 1 Bow		Dk 1 Stern		Dk 2 Bow		Dk 2 Stern		Dk 3 Bow	
-------------	--	---------------	--	-------------	--	---------------	--	-------------	--

Boarding: 5:47pm

Sailing time: 6:30pm

Food (Buffets /Plated) (When they opened/closed- when each course started and any issues): Hors D' passed from 5:47pm-7:00pm –

Beverage Service: Buffet opened at 7:15pm/buffet closed at 9:00pm. Buffet service was a little slow due to waiting for some hot items to be cooked and replenished.

On Board Sales: N/A

Cash Sales: N/A

Voids: N/A

Comps:

Soda		J&S		BWJS		Prem		Plat	58	Other	
------	--	-----	--	------	--	------	--	------	----	-------	--

Group Comments (Include any WOW'S): Karen (mother of bride) boarded first to welcome her guest on board. Karen requested with Manager and Broker of the event to remove chairs and place settings, due to some guest not showing up for the dinner. As guest were coming down for dinner she discovered that 4 more guest showed up for the cruise and requested to have chairs and place settings placed back at the tables. Manager was able to accommodate. During dinner service Karen stated that she was told there would be drink service at the tables i.e. wine service and drinks. This was not stated in the report, however management was able to bring drinks for some guest at their tables. Salmon was delayed for replenishing. Bride and Groom questioned Manager about it. Manager apologized and stated it will be 6 minutes before the Salmon is ready and will personally deliver the salmon to their table. Bride and Groom was pleased with the texture and taste of the salmon. Guest were invited upstairs to enjoy their dessert station with coffee and tea. Unfortunately during this time manager was informed

## FOH After Action Reporting

by the chef that there was no milk delivered to the vessel. Manager had to apologize and make sure dessert station remained replenished. At the end of the night, Karen stated she was happy and guest appeared to be happy and excited about the upcoming nuptials taking place the next day. Crew was able to help Karen pack up her decorations and remove them off the vessel.

Indy Comments (Include and WOW's):

**City Specific:**

Entertainment: trio band showed up at the vessel at 5:15pm. Mark stated they texted him and told them this will be their time of arrival instead of 4:30pm

Call Offs:

Tardies:

NCNS:

R&M Issues: ADOS and Broker spoke with Bride to apologize about their cake. She stated that it was ok and she understood. However, the bride and groom did not appear to be having fun or entertaining during the cruise. Karen (mother of the bride) was showing her guest onboard the pictures they took of the cake and explaining to her guest what happened to the cake and how much effort and money was put into making the cake.

Lost and Found:

**Scott Hauser**

---

**From:** David Mena  
**Sent:** Sunday, February 16, 2020 10:29 PM  
**To:** HNY EVM Reports; +NY\_FoH  
**Subject:** AAR AA5 JJA 02.16.20  
**Attachments:** AAR AA5 JJA 02.16.20.docx

Good evening,  
Attached is the AAR for AA5 JJA 02.16.20  
The event went well and without incident.

As noted in the report:

Suzette Singh 18pax:

Guest had 1 Bottle of Chandon in their package. Guest stated that most of their group did not drink and had requested a substitution of non-alcoholic cider with salesperson Corey. Notes state guest wanted to purchase cider on board. None was available. Two guests were comped a round of drinks and the rest of the guests were given soda instead.

Guest had reserved a chocolate celebration cake. Only one vanilla cake was onboard. Guest did not make any remarks about this however she stated that the salesperson had promised a 9"x13" cake and birthday decorations.

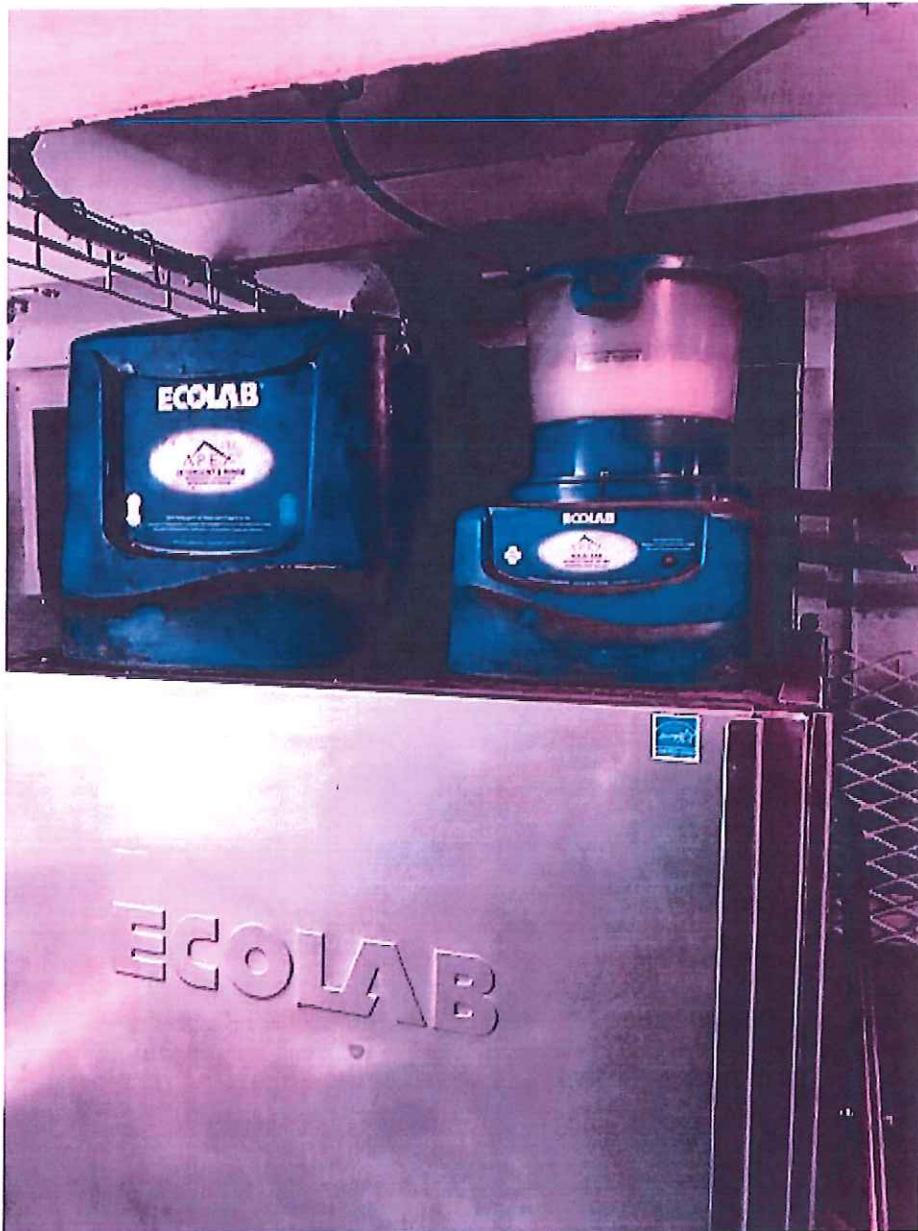
In the end Suzette was happy that I made accommodations for her and that her guests were happy. I managed to get 18 pieces out of the small cake and she was glad everyone got a piece, albeit a very small one. I offered to take several pictures and attended to them a number of times throughout the evening, giving them extra attention to smooth out the situation. Her daughter, the birthday girl seemed happy too. I advised Suzette that I would make a note of this and request that salesperson Corey contact her.

Please have the appropriate salesperson contact her. I do not have a res# on my paperwork.

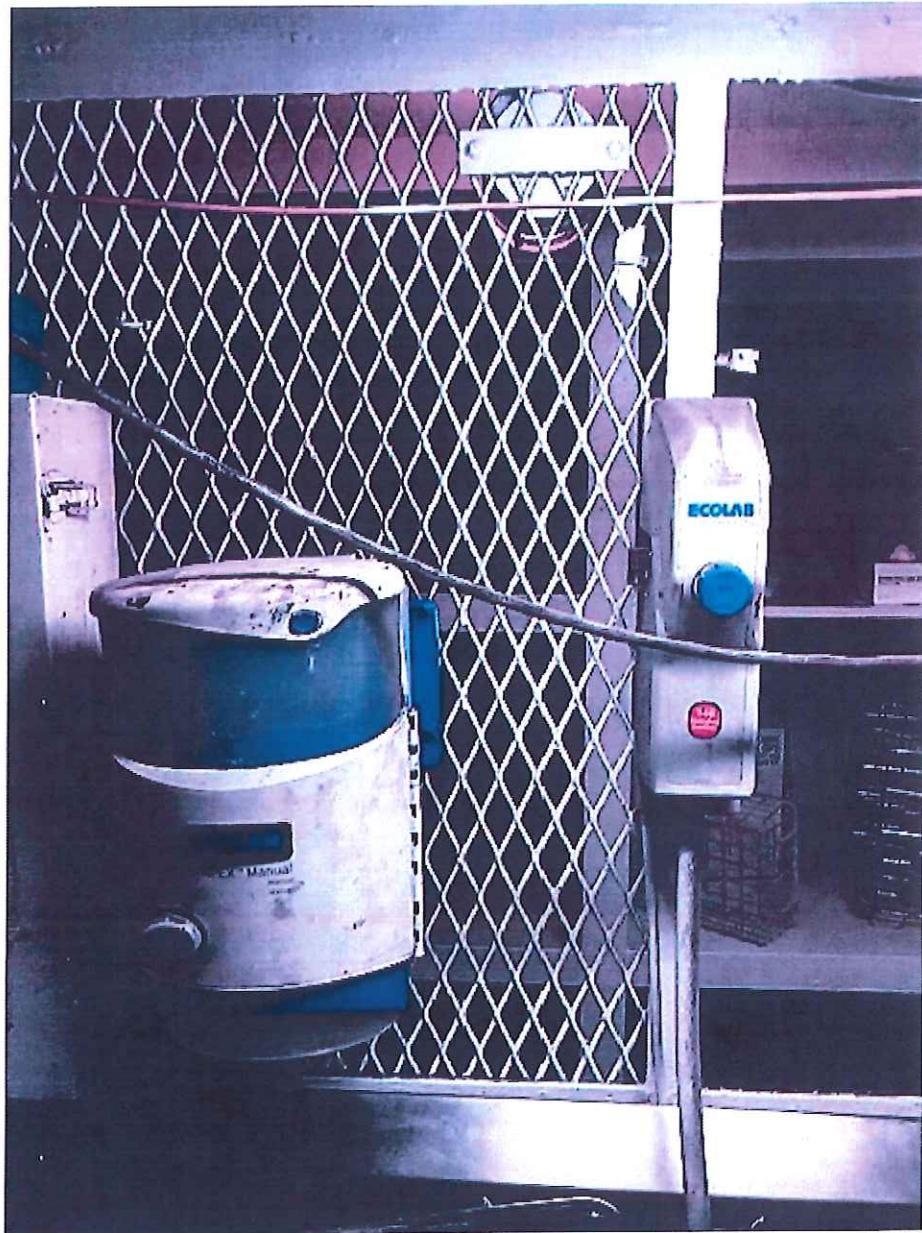
David Mena  
Restaurant Manager



Hornblower Landing, Pier 40  
**353 West Street, New York, NY 10014**  
Cell: 917.686.8712 | David.Mena@hornblower.com  
[www.hornblowerny.com](http://www.hornblowerny.com)







## **EXHIBIT “E”**

HR Use Only
Submitted:



## INCIDENT REPORT

All incidents are to be emailed to [incident@hornblower.com](mailto:incident@hornblower.com) the same day the incident occurs. The form should be completed by the Captain or First Officer. It should then be submitted to a Port Captain the same day. Follow-up will be made as deemed necessary. Remember to FILL OUT COMPLETELY and with as much detail as possible as soon as the incident has been safely resolved and reported.

<b>I. INCIDENT INFORMATION:</b>		<b>PRELIMINARY REPORT, SUBJECT TO CHANGE</b>	
Vessel or Facility:	Pier 15	Time/Date of Incident:	3:30pm 3/14/20
Location of Vessel:	Pier 15	Type of Incident:	
Where on the vessel or facility did the incident occur? off the Pier on the sidewalk			
<b>II. INJURED / ILL PARTY:</b> Select Option			
Name of Injured / Ill:	Lenny Molina	Name of Witness:	
Contact Number:	201-788-8197	Contact Number:	
Address:	390 Greenwich Av POTTSVILLE, PA. 17901	Address:	
Gender: Select Option	Male	Date of Birth:	05/12/1980
Injury Type: Select Option	Left toe injury		
<b>III. INCIDENT DETAILS:</b> Select Option	Was lifting a Cambro from the van when the Cambro was placed on the ground, it tipped over and fell onto Lenny's left big toe.		
1. Did an HCE Employee witness the incident? Select Option	No		
2. Total Passengers on board:	NA		
3. Lighting Conditions: Select Option	Sunny		
4. Underway: Select Option	Deck/Floor Condition: Select Option		
5. Signage Posted: Select Option			
7. If Damage to Property: Include type of damage, type of property, owner of property:	NA		
<b>IV. NOTIFICATIONS MADE:</b> (Who was called?)			
1. Was Port Captain notified: Select Option	1a. Name:	1b. Time of Notification:	
2. Was USCG notified: <input checked="" type="checkbox"/> Select Option	2a. CG 2692 Incident Report Required: Select Option		
3. Police notified: <input checked="" type="checkbox"/> Select Option	3a. Report Taken: Select Option		
4. Was EMS called: <input checked="" type="checkbox"/> Select Option	4a. Time Called:		
<b>V. CREW</b>		<b>VI. WEATHER CONDITIONS</b>	
Captain:	Crew Onboard:	Knowledge of Incident:	Alcohol/Drug Test Given:
First Officer:		Select Option	Select Option
Event Manager:		Select Option	Select Option
Chef:		Select Option	Select Option
Bartender:		Select Option	Select Option
<b>VII. DETAILS OF INJURY / ILLNESS AND TREATMENT</b>			
1. Was First Aid Administered: Select Option	1a. What?	1b. By Whom? Abdal Gafur	
2. Did party DECLINE First Aid Treatment? Select Option	3. Did the Injured person refuse to give info regarding the incident? Select Option No		
4. Was the Injured person unable to give info regarding the incident? Select Option No	5. Did the person lose consciousness? Select Option No		
6. Was Automated External Defibrillator (AED) used? Select Option	7. Body Ailments? Select Option Foot Pain		

8. Was the person taken to a hospital or medical facility? Select Option <input checked="" type="checkbox"/> No	8a. Name of Hospital / Facility:
9. Were they taken by ambulance? Select Option <input checked="" type="checkbox"/> No	9a. From where:
10. Was the person consuming alcohol prior to the incident? Select Option <input checked="" type="checkbox"/> No	10a. If so, how much?
11. Alcohol/Drug Test Given: Select Option <input checked="" type="checkbox"/> No	12. Type of footwear being worn: Select Option <i>Kitchen shoes</i>
<b>VIII. VIDEO FOOTAGE/PICTURE(S) OF INCIDENT</b>	
1. Was the incident captured on our security system? Select Option	
2. Was footage requested? Select Option	
3. Who was notified?	
4. If footage was not pulled, please explain why:	
<p>Please submit video footage via google drive to <a href="mailto:incident@hornblower.com">incident@hornblower.com</a>. If the file is too large to send, notify your local HR contact. Submit any photos of the area of the incident and attach when submitting incident report to <a href="mailto:incident@hornblower.com">incident@hornblower.com</a>.</p> <p><i>I have completed this form to the best of my ability regarding the incident at hand. I have made honest and accurate accounts to the best of my knowledge and I have not provided any false or dishonest statements or information.</i></p>	
Report Filled out by: <i>Cox dell/ Tillman</i> Signature: <i>Cox dell/ Tillman</i>	Position: Senior Pier Manager Date: 3/14/20

<b>INCIDENT REPORT WITNESS STATEMENT:</b>	
<p>The section below should be offered to a witness of the incident. If accepted, allow the witness to complete. Have each individual complete a witness statement and attach to this report.</p>	
<b>CONTACT INFORMATION:</b>	
1. Name: <i>LeAnn McNamee</i>	2. Address: <i>390 Greenwood Ave</i>
3. Telephone: <i>201-780-8197</i>	3a. Best time to reach you:
4. Name of Injured Person: <i>LeAnn</i>	4a. Relationship to Injured Person:
5. Date and Time of Incident:	5a. Are you a(n): Select Option
6. Did you personally observe the incident: Select Option	
7. Please describe what you saw in as much detail as possible:	
<p><i>I have completed the form as completely and accurately as possible. To the best of my ability, I have reported the incident as accurately and completely as possible. I have not made any false statements or inaccurate statements.</i></p>	
Signature:	Date:

## **EXHIBIT “F”**

Begin forwarded message:

**From:** Lenny Molina  
**Date:** March 15, 2020 at 1:55:24 PM EDT  
**To:** HNY EVM Reports  
**Cc:** Rebecca Rose , Elizabeth Tornatore  
**Subject: Injured**

Hello team

Last night I hurt my big toe on pier 15 i went to the ER and the x-ray showed is broken, I will follow up with the ortho Drs first thing Monday for the follow up. I'll keep everyone informed. I'll be available by cell phone for anything

Sorry for the inconvenience

Thank You

**Lenny J. Molina**

PM Sous Chef

Hornblower Landing, Pier 40  
[353 West Street , New York, NY 10014](353 West Street, New York, NY 10014)  
Cell: 201-780-8197 | [lenny.molina@hornblower.com](mailto:lenny.molina@hornblower.com)  
[www.hornblowerny.com](http://www.hornblowerny.com)